

Case Number:	CM15-0027682		
Date Assigned:	02/20/2015	Date of Injury:	10/08/2014
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46-year-old male reported a work-related injury on 10/08/2014. According to the Orthopedic Re-Evaluation-PR2 dated 1/8/15, the injured worker (IW) reported pain in the neck radiating to the left upper extremity, with pain in the left shoulder, forearm and wrist as well as the right forearm and wrist. He also reported low back and bilateral knee pain. Diagnoses include left shoulder impingement syndrome, bursitis, tendonitis and possible rotator cuff tear; musculoligamentous strain of the cervical spine, cervical spondylosis, rule-out herniated discogenic disease in the cervical spine; bilateral lateral epicondylitis; sprain/strain of the forearm and traumatic internal derangement of bilateral knee joints. Previous treatments include medications and physical therapy. The treating provider requests MRI of the right knee. The Utilization Review on 01/22/2015 non-certified the request for MRI of the right knee, citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.
Decision based on Non-MTUS Citation Knee section, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI right knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries and ligamentous disruption) are best evaluated by MRI. Indications for imaging are enumerated in the official disability guidelines. They include, but are not limited to, nontraumatic knee pain, child or adult, patellofemoral symptoms; nontraumatic knee pain. See the guidelines for additional details. Repeat MRIs: postsurgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. According to the ACOEM guidelines and the complaints, special studies and diagnostic and treatment considerations: reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (both positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association the current symptoms. In this case, the injured worker's working diagnoses are left shoulder impingement syndrome, bursitis, tendinitis and possible tear of the cuff; musculoligamentous strain of the cervical spine, cervical spondylosis; bilateral lateral epicondylitis; traumatic internal derangement of bilateral knee joints; and the musculoligamentous strain and lumbar spine with myofasciitis. Documentation from a January 8, 2015 progress note indicates the injured worker has subjective complaints of pain in both knees left greater than right with difficulty kneeling and prolonged standing. Objectively, physical examination showed no swelling and no effusion. On palpation there was tenderness over the medial joint line bilaterally. Range of motion flexion 120 and extension was 0. The medical documentation indicates the injured worker complains of left knee pain greater than right knee pain. The documentation also states the injured worker complains of instability in the left knee. Yet the treating physician is requesting an MRI of the right knee. Consequently, absent clinical documentation to support an MRI of the right knee based on the clinical findings in the medical record and the ACOEM guidelines, MRI right knee is not medically necessary.