

Case Number:	CM15-0028253		
Date Assigned:	02/20/2015	Date of Injury:	01/23/2011
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

The injured worker is a 33 year old male/ who sustained a work/ industrial injury on 1/23/11 due to a crush injury due to a fall as a maintenance worker. He has reported symptoms of tenderness to the knee joint where he had a tight band of scar tissue. Prior medical history includes hypertension and surgical history includes a meniscal repair in 2011 and skin grafts. The diagnoses have included dorsolumbosacral strain and sprain, cervical strain and sprain, diffuse disc protrusion at C5-6 level, retrolisthesis of L3 over L4, L4 over L5, and L5 over S1 and tL3 -4 diffuse disc protrusion, and stress and anxiety. Treatments to date included medication, psychological evaluation, Transcutaneous Electrical Nerve Stimulation (TENS) unit, steroid injection, and chiropractic care. Medications included Norco, Vicodin, Tramadol, Flexeril, and Prilosec. Examination noted normal gait, tenderness in cervical spine and paraspinal muscles as well as the trapezii, scalene, and rhomboid muscles. There was guarding and spasm noted. Range of motion noted flexion at 28 degrees, extension at 20 degrees, lateral bending at 15 degrees bilaterally, and rotation at 20 degrees bilaterally. There was negative compression test, traction, Spurling's sign and Adson test. Lumbar spine noted tenderness in the paradorsal muscles with some limited range of motion. A request was made for an MRI of the right knee. On 2/4/15, Utilization Review non-certified a MRI Right Knee, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and Official Disability Guidelines (ODG): Knee Chapter.

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 Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the claimant had a prior crush injury with meniscal injury. The claimant at the time of the request had illiotibial tenderness. There was a consideration for joint steroid injection. There was no plan for repeat surgery or exam findings such as locking of the knee or laxity or edema to suggest the need for another MRI. There were no red flag symptoms. As a result, the request is not medically necessary.