

Case Number:	CM15-0217082		
Date Assigned:	11/06/2015	Date of Injury:	02/18/2014
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 43 year old male who reported an industrial injury on 2-18-2014. His diagnoses, and or impressions, were noted to include: low back pain; knee pain; myalgia; and chronic pain syndrome. No current imaging studies were noted. His treatments were noted to include: medication management with toxicology screenings; and modified work duties. The spine and nerve center progress notes of 10-19-2015 reported: a re-evaluation of low back pain, and complaints of aching and stabbing knee pain, rated 6 out of 10, that was now a part of his claim; that his low back pain was stable on his current medication regimen, allowing for him to perform his activities of daily living and stay independent, and that without them he would be bed bound; and that his pain was worsened by prolonged sitting, lying down, movements and activities, and made better by physical therapy, changing positions, and medications. The objective findings were noted to include: a review of systems which noted complaints of joint swelling and pain, along with muscle pain and weakness; no acute distress; an antalgic gait; and assessment findings of the lumbar spine only. The physician's requests for treatment were noted to include requesting an MRI of his right knee to assist in determining the root cause for his knee pain that was stated to now be part of his claim. The Request for Authorization, dated 10-21-2015, was noted to include MRI of the right knee. The Utilization Review of 10-27-2015 non-certified the request for: MRI, without contrast, of the lower extremity joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Knee Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Magnetic resonance imaging.

Decision rationale: The patient presents on 10/19/15 with lower back and right knee pain rated 6/10. The patient's date of injury is 02/18/14. The request is for MRI of the right knee. The RFA is dated 10/21/15. Physical examination dated 10/19/15 reveals an antalgic gait, pain elicitation upon lumbar flexion, and tenderness to palpation of the right paraspinal musculature with spasms noted. No examination findings pertinent to the right knee are included. The patient is currently prescribed Tramadol, Hydrochlorothiazide, Naproxen, Levothyroxine, Flexeril, Ditropan, and Prinivil. Patient is currently advised to return to work with modified duties. ODG Guidelines, Knee and Leg chapter, under Magnetic resonance imaging states: Indications for imaging -- MRI:- Acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption.- Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic. If additional imaging is necessary and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic. Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. In regard to the MRI of the right knee, the request is appropriate. There is no evidence that this patient has had any MRI imaging of the knee to date. Per progress note dated 10/19/15, this patient presents with subjective right knee pain, though physical examination findings specific to the right knee are not provided. Addressing the request, the provider states: "For the knee pain, we will request for an MRI of the right knee to assist us determine the root cause of the pain." [sic] While it is difficult to establish a clear picture of this patient's knee pathology without radiographic studies or physical examination findings, this patient has not yet obtained any MRI imaging and his knee pain has remained unresolved by conservative measures to date. Such imaging could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request IS medically necessary.