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| Case Number: | CM15-0218663 | | |
| Date Assigned: | 11/10/2015 | Date of Injury: | 11/26/2004 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 11/06/2015 |

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old woman sustained an industrial injury on 11-26-2004. Diagnoses include cervical and thoracic strain, myofascial pain syndrome, cervical spine degenerative disc disease, thoracic spine degenerative disc disease, lumbar spine degenerative disc disease, bilateral carpal tunnel syndrome, fibromyalgia, and right knee sprain-strain. Treatment has included oral medications, H-wave unit, and right knee injection. Physician notes dated 9-9-2015 show complaints of cervical, thoracic, and lumbar spine pain as well as increasing right knee pain and swelling. The physical examination shows "decreased" and painful cervical range of motion and positive Tinel's and Phalen's signs. Lumbar spine shows spasms with "limited" range of motion, positive Lasegue on the right and right straight leg raise at 40 degrees. The right knee is tender to palpation over the joint line, there is pain with range of motion, positive patellofemoral crepitation, McMurray sign, ad a moderate effusion. Recommendations include bilateral shoe inserts, continue home exercise program, continue pain management, rheumatology consultation, MRI arthrogram, and follow up in six weeks. Utilization Review denied a request for right knee MRI on 10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right knee with gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Pain: Diagnostic Consideration.

Decision rationale: Magnetic resonance imaging (MRI) of the right knee with gadolinium is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue consult for nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The enrollee's symptoms remain unchanged and there is no history of new trauma. There is no indication for another MRI; therefore, it is not medically necessary.