

Case Number:	CM15-0045100		
Date Assigned:	03/17/2015	Date of Injury:	12/19/2012
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 52-year-old who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of February 19, 2012. In a Utilization Review Report dated February 19, 2015, the claims administrator denied a request for positional MRI imaging of the knee. A February 18, 2015 RFA form was referenced in the determination. The claims administrator did not invoke any guidelines in its rationale. The applicant's attorney subsequently appealed. In a progress note dated February 6, 2015, the applicant reported multifocal complaints of knee and shoulder pain. The applicant is status post left and right knee arthroscopies. The attending provider stated that he was seeking authorization for urine toxicology testing to include quantitative and confirmatory testing. Right knee MRI imaging was proposed on the grounds that the applicant had issues with popping, catching, locking, and swelling after the earlier knee surgery. It was suggested that the applicant might have a loose fragment. The applicant was using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

single positional MRI right knee/w/o contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Diagnostic and Treatment Considerations > Magnetic Resonance Imaging Rationale for Recommendation: Standing ("Upright" or "Positional") MRIs There are currently no quality studies to recommend standing MRI for uses outside of research settings. Thus, as there are no clearly defined uses in the diagnosis and treatment of patients, standing, upright, or positional MRIs as initial diagnostic procedures are not recommended.

Decision rationale: No, the request for a positional knee MRI was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of positional MRI studies. However, the Third Edition ACOEM Guidelines note that there are no quality studies to recommend positional MRI for usage outside of research settings. ACOEM notes that standing, upright positional MRIs are not recommended as initial diagnostic procedures. Here, the attending provider did not furnish any compelling applicant-specific rationale, which would offset the unfavorable ACOEM position on article at issue. It was not clear why conventional MRI imaging could not be employed here. Therefore, the request was not medically necessary.