

Case Number:	CM15-0050174		
Date Assigned:	03/23/2015	Date of Injury:	08/30/2005
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 58-year-old male, who sustained an industrial injury on August 30, 2005. He reported of constant neck pain, low back pain, bilateral shoulder pain and left knee pain and intermittent right knee pain. The injured worker was diagnosed as having head injury with loss of consciousness, headaches, memory loss, poor concentration, ringing in the ears, depression, anxiety, cervical spine strain/sprain, bilateral knee pain with internal derangement and osteoarthritis, diabetes, bilateral shoulder partial thickness rotator cuff tears, cervical disc syndrome, multilevel and lumbar disc syndrome, multilevel. Treatment to date has included radiographic imaging, diagnostic studies, lumbar medial branch blocks, status post elbow and knee surgeries, chiropractic care, aquatic therapy, acupuncture, pain injections, medications and work restrictions. Currently, the injured worker complains of headaches, ringing in the ears, loss of balance, depression, memory loss, constant neck pain, low back pain, bilateral shoulder pain and left knee pain and intermittent right knee pain with difficulty climbing stairs. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he complained mostly with bilateral shoulder pain. Surgical intervention was discussed however he did not wish to proceed secondary to uncontrolled diabetes and associated risks. Evaluation on October 1, 2014, revealed continued headaches and ringing in the ears with poor balance. Evaluation on December 19, 2014, revealed continued pain with associated symptoms. An updated magnetic resonance image of the knee was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) (updated 02/05/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI (magnetic resonance imaging).

Decision rationale: ACOEM notes, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and, "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. ODG further details indications for MRI:- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, nontumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult non-trauma, nontumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post- surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended (Weissman, 2011). The treating physician does not indicate additional information that would warrant a repeat MRI of the knee, such as post-surgical knee assessment, re injury, new injury or other significant red flag symptoms. As such, the request for MRI of left knee is not medically necessary.