

Case Number:	CM15-0054693		
Date Assigned:	03/30/2015	Date of Injury:	02/20/2014
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 injured worker is a 56 year old male who sustained an industrial injury on 2/20/14. The injured worker reported symptoms in the back, right upper extremity and right lower extremity. The injured worker was diagnosed as having cervical and lumbar pain, right lateral epicondylitis, right subacromial impingement and continued right knee pain. Treatments to date have included activity modification. Currently, the injured worker complains of pain in the back, right upper extremity and right lower extremity. The plan of care was for physical therapy, a magnetic resonance imaging and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee MRI (magnetic resonance imaging) without intra-articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. She has been previously diagnosed with arthritis of the knee joint. No red-flag indications are present in the medical record. MRI of the knee is not medically necessary. Right Knee MRI (magnetic resonance imaging) without intra-articular contrast is not medically necessary.

Physical therapy two times a week for four weeks to the cervical spine and lumbar spine to the right shoulder and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical therapy two times a week for four weeks to the cervical spine and lumbar spine to the right shoulder and right elbow are not medically necessary.