

Case Number:	CM15-0057088		
Date Assigned:	04/28/2015	Date of Injury:	05/07/2002
Decision Date:	05/22/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female patient who sustained an industrial injury on 05/07/2002. A follow up visit dated 09/23/2014 reported subjective complaints of flare-up of neck pain with radiation to the left upper extremity; lumbar spine pain; and left shoulder, left elbow, left wrist and left knee are unchanged. The following diagnoses are applied: flare-up of cervical spine musculoligamentous strain/sprain with left upper extremity radiculopathy, multi-level disc protrusions and stenosis; lumbar spine multi-level disc protrusion and facet arthropathy. The plan of care involved: recommending physical therapy sessions, obtain updated radiographs, and follow up in 6 weeks. A more recent office visit follow up dated 02/23/2015 reported the patient with subjective complaints of neck pain that radiates to the left upper extremity with numbness and tingling, decreased grip strength of left wrist. She is also with complaint of low back pain radiating to the bilateral lower extremities. She reports the left knee giving way with weakness, and popping. She has had prior surgery on the left knee in 2002. She is diagnosed with: cervical musculoligamentous strain/sprain with left upper extremity radiculitis, and multi-level disc protrusion/stenosis. Diagnostic testing to include: radiography study, and electronerve conduction study. She is temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-rays of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: According to MTUS guidelines, X ray of the knee is recommended in case of patello femoral syndrome. There is no documentation of left knee patella-femoral dysfunction in this case. Therefore, the request is not medically necessary.