

Case Number:	CM15-0058503		
Date Assigned:	04/03/2015	Date of Injury:	08/09/2012
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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

Certification(s)/Specialty: Family Practice

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 59 year old man sustained an industrial injury on 8/9/2012 after a trip and fall over a hose. The worker received immediate care including x-rays and MRI. Further evaluations include MRI of the neck, low back and knee performed in June of 2013. Diagnoses include cervical spine sprain/strain, cervical myofasciitis, rule out cervical disc protrusion, lumbosacral sprain/strain, lumbar muscle spasms, rule out disc protrusion, left knee sprain/strain, rule out left knee meniscus tear, and status post right knee surgery. Treatment has included oral medications, acupuncture, shock wave stimulation, surgical intervention, and physical therapy. Physician notes dated 1/8/2015 show complaints of neck pain radiating to the bilateral shoulder, low back pain, and bilateral knee pain rated 8/10. Recommendations include home exercises, MRIs of the cervical spine, lumbar spine, and bilateral knees, and consultation with functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-MRI of the knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was insufficient indication revealed in the documentation to support the request for a repeat MRI of the right knee as there was no joint effusion, range of motion less than 90 degrees, inability to bear weight, or any specific reinjury, although there was general tenderness and somewhat limited range of motion to suggest strain. Therefore, the request for MRI of the right knee will be considered medically unnecessary.