

Case Number:	CM15-0086326		
Date Assigned:	05/08/2015	Date of Injury:	08/19/2011
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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, Illinois

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 87 year old male who sustained an industrial injury on 08/19/2011. Current diagnoses include myalgia and myositis, degeneration of lumbar disc, and low back pain. Previous treatments included medication management, physical therapy, back brace, and knee brace. Initial injuries included being struck in the head by a roll up door causing an immediate headache and feeling of being dazed, and was also knocked down causing the left knee to give out. Report dated 03/31/2015 noted that the injured worker presented with complaints that included pain in the back, bilateral ear ringing, increased left knee pain. Pain level was not included. Physical examination was positive for decreased range of motion, fullness and tenderness. The treatment plan included a request for an ENT evaluation, request for a back brace, and recommendation for an MRI of the left knee to look for intrinsic pathology. The physician noted that the injured worker has had persistent pain. Disputed treatments include MRI of the left knee.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

Decision rationale: The injured worker sustained a work related injury on 08/19/2011. The medical records provided indicate the diagnosis of myalgia and myositis, degeneration of lumbar disc, and low back pain. Previous treatments included medications, physical therapy, back brace, and knee brace. The medical records provided for review do not indicate a medical necessity for MRI of left knee. The medical records reviewed indicate a left knee MRI done in 2012 revealed a complex meniscal tear. The MTUS is silent on repeat MRI, but the Official Disability Guidelines states that repeat MRIs are recommended if need to assess knee cartilage repair tissue; but MRI is a poor predictor of whether or not the tear can be repaired. The request is not medically necessary.