

Case Number:	CM15-0087450		
Date Assigned:	05/11/2015	Date of Injury:	04/27/2009
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 4/27/09. He reported initial complaints of low back and bilateral knee injuries. The injured worker was diagnosed as having degeneration lumbar/lumbosacral intervertebral disc; bilateral internal derangement of knees. Treatment to date has included acupuncture; Sudoscan (3/11/15); medications. Diagnostics included cardio-respiratory diagnostic testing (3/11/15). Currently, the PR-2 notes dated 1/16/15 indicated the injured worker complains of lumbar spine pain that is intermittent moderate sharp low back pain with stiffness, numbness, tingling, weakness with pain level of 7/10. He has complaints of right knee pain that is intermittent moderate to 7/10, with stiffness, associated with sitting, prolonged standing and walking. His left knee also has pain that is intermittent moderate stabbing pain level of 8/10 associated with sitting, prolonged standing and walking. The objective findings for the lumbar spine indicated no bruising, swelling, atrophy or lesions present on examination. There is tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes with muscle spasm of the lumbar paravertebral muscles. Straight leg raise causes pain bilaterally. There is mild swelling present to bilateral knees. There is muscle spasms noted of the anterior and posterior knees and McMurray's causes pain bilaterally. The injured worker ambulates with a cane. There were no orthopedic diagnostic testing studies submitted for review. The provider's treatment plan includes a request for acupuncture and an orthopedic consult for the knees. He has also requested a MRI of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers compensation, Online Edition, Chapter, Knee & Leg (Acute & Chronic) MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI's (Magnetic Resonance Imaging), Knee and Leg Chapter.

Decision rationale: This injured worker receives treatment for chronic low back and knee pain. This dates back to a work-related injury dated 4/27/2009. The medical diagnoses include lumbar disc disease and knee strain/pain plus internal derangement of the knees. This review addresses a request for MRI imaging of both knees. The ODG treatment guidelines for MR imaging of the knee joints state that in general, MRI imaging of the knees is not indicated. An MRI is a useful study to diagnose primary or metastatic disease, chondritis, bone infection, subtle bone fractures, and some cases of internal derangement. The patient's symptoms include: constant low back pain with radiation to the L side of the knee, dull sharp, stabbing, throbbing, and burning sensations in and around the knees. These symptoms are consistent with symptoms of neuropathic pain. There is no documentation of pain film knee examinations or prior MRIs. There is no documentation of any conservative therapy that has been tried and failed. For these reasons, bilateral MRI examination of the knees is not medically necessary.