

Case Number:	CM15-0089176		
Date Assigned:	05/13/2015	Date of Injury:	07/03/2006
Decision Date:	09/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina
 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 55 year old male who sustained an industrial injury on 7-3-2006. He has reported lower back pain with radiation down both of his legs and has been diagnosed with degenerative disc disease and a disc bulge of the lumbar spine at L5-S1 plus facet spondylosis at L4-5 and at L5-S1 associated with bilateral lower extremity radiculitis, right knee medial meniscus tear plus a lateral meniscus tear with arthritis and probable synovitis, left knee arthritis and probable synovitis, chronic pain syndrome associated with hypertension, lumbar disc degenerative disease, lumbar intervertebral disc protrusion, lumbar spondylosis, lumbar sacral radiculitis, other tear of medial meniscus, current injury, right knee, initial encounter, and other tear of the lateral meniscus, current injury, right knee, initial encounter. Treatment has included conservative measures. The right knee examination noted minimal patella femoral crepitus. The patellar compression test was very mildly positive. There was medial patellar facet tenderness. There was moderate plus medial joint line tenderness especially posterior in location. There was tenderness to the lumbar spine. There was mild tenderness at the sacroiliac joints. There was mild plus tenderness over the right sciatic nerve with very mild tenderness over the left sciatic nerve. The treatment plan included lumbar brace, surgery, and medication. The treatment request included 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 the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear pre-operatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore, the request is not medically necessary.