

Case Number:	CM15-0089518		
Date Assigned:	05/13/2015	Date of Injury:	03/31/2009
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 3/31/2009. The details regarding the initial injury and prior treatments to date were not included in the medical records submitted for this review. Diagnoses include cervical discopathy,, bilateral carpal tunnel syndrome, left shoulder impingement and full thickness supraspinatus tear and partial infraspinatus tear; status post right shoulder arthroscopy, status post lumbar fusion with hardware, removal, bilateral hip bursitis versus lumbar radiculitis, internal derangement bilateral knees and bilateral ankles, meniscus tear left knee; status post right knee arthroscopy, bilateral plantar fasciitis, and status post left ankle and foot surgery. There was also history of gastric bleeding, currently resolved. Currently, he continues with multiple complaints of pain including the neck, low back, bilateral shoulders, bilateral knees and bilateral feet and ankles. There was associated headaches/migraines and also swelling and buckling of the knees. On 3/20/15, the physical examination documented significant findings in the neck, lumbar spine, and bilateral feet and ankles. The left knee was significant for tenderness, positive McMurray's and patellar compression tests. There was pain with terminal flexion noted. The plan of care included obtaining a repeat 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:

Repeat MRI left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg MRI's (Magnetic resonance imaging) CA MTUS, ACOEM, Occupational medical practice guidelines, Second edition (2004), Chapter 9, Special studies and Diagnostic and treatment considerations, pages 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI Topic.

Decision rationale: Regarding the request for repeat MRI of the knee, ACOEM guidelines do not have specifics on repeat imaging. The Official Disability Guidelines do note that repeat imaging should be reserved for a significant change in pathology. The injured worker has documentation of bilateral internal derangement of the knees and history of arthroscopic surgery. However, the submitted documentation does not contain the official radiologist report of previous MRI, and the notes do not indicate what date this was performed. Furthermore, although chronic knee pain is documented both subjectively and objectively, it is unclear as to what constitutes a change since the date of the last MRI imaging. In light of the above, the currently requested MRI is medically necessary.