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| Case Number: | CM13-0039973 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 09/24/2008 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas & New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old female who reported an injury on September 24, 2008; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated November 8, 2013 it was reported that the injured worker complained of right knee rated 7/10 and low back pain rated 5/10 with spasms and numbness with tingling on the right side. The physical exam and the progress note did not do an assessment on the knees. Within the clinical note it was reported that an unofficial MRI was done on October 24, 2013 and was noted to reveal on the right knee there was severe osteoarthritis of the medial compartments that was characterized by severe articular cartilage loss at the femoral condyle in the medial tibial plateau. Additionally, there was a macerated appearance at the medial meniscus which was partially extruded in small volume. Also, there was an unofficial reported MRI of the left knee on October 24, 2013 that was noted to reveal severe medial compartment osteoarthritis with extensive maceration and partial extrusion at the medial meniscus. The Request for Authorization was not provided within the submitted medical records.

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.

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

Decision rationale: The ACOEM Guidelines state that most knee problems improve clinically once any red flag issues are ruled out. Furthermore, the guidelines state 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 the possibility of identifying problem that was present before symptoms began, and therefore, has no temporal association with the current symptoms. Even so, remember well-experienced examiners usually can diagnose any cell tear in the non-acute stage based on history and physical examinations, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. The injured worker had presented with a limited range of motion in previous physical examinations; however, in the last examination there was no an assessment of functional deficits or signs of red flags. In addition, the diagnoses of the injured worker did not include ACL tears as stated by the guidelines that it would help be proven by imaging studies. Lastly, medical records show that the injured worker had previously undergone an MRI of each knee that showed findings that would be present on x-rays and is not indicated by MRI to be used to determine for the degeneration or red flags. The request is not medically necessary.

XANAX PRIOR TO MRI FOR ANXIETY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.