MAXIMUS Federal Services

Case Number:	CM14-0115221		
Date Assigned:	08/04/2014	Date of Injury:	11/30/2006
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 11/30/2006. The mechanism of injury was not provided. The diagnoses included bilateral lower extremity radicular symptoms with neurogenic claudication, degenerative disc disease at L4-5 and L5-S1, multilevel central and foraminal stenosis most severe at L4-5, right knee degenerative arthritis, status post left total knee replacement, and status post right total knee replacement in 11/2011. The past treatments were not included. The progress note, dated 06/24/2014, noted the injured worker complained of constant pain, rated 6/10, reporting no change. The physical exam revealed decreased lumbar spine extension with pain, a positive straight leg raise with back and buttock pain, and a painful left total knee replacement. The medications included Motrin 800 mg, Norco 5, Valium, and Prilosec. The treatment plan was not included. There is no rationale provided for the MRI of the left knee. The Request for Authorization form was not submitted for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for MRI of the left knee is not medically necessary. The injured worker had a painful left total knee replacement, with unspecified pain, rated 6/10. The California MTUS/ACOEM Guidelines recommend an MRI for the emergence of a red flag condition, the physiologic evidence of tissue insult or neurovascular dysfunction (e.g. weakness, edema), failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to an invasive procedure, or to further evaluate the possibility of potentially serious pathology, such as a tumor. The guidelines further state an MRI of the knee is recommended to determine the extent of an ACL tear preoperatively and is not recommended for collateral ligament tears. There was no evidence of a red flag, or significant change in the injured worker's condition. The injured worker did not have significant weakness or evidence of tissue insult or neurologic dysfunction on physical exam. There was no documentation of failure to progress in a strengthening program, and there was no indication of a planned surgical intervention. A physical examination of the knee was not documented. Given the previous, a MRI of the left knee is not indicated at this time. Therefore, the request is not medically necessary.