

<b>Case Number:</b>	CM14-0125496		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for knee, neck, and shoulder pain reportedly associated with an industrial injury of September 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier cervical fusion surgery on June 5, 2014; and earlier shoulder arthroscopy. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for a knee MRI imaging. Overall rationale was sparse to minimal. The claims administrator did not incorporate cited MTUS or non-MTUS Guidelines into its rationale. The claims administrator seemingly based this denial on the fact that the attending provider did not document mechanism of injury. It appeared that the claims administrator based its denial on a June 27, 2014 Request for Authorization (RFA) form. This did not appear to have incorporated into the Independent Medical Review packet, however. The applicant's attorney subsequently appealed. In a progress note dated January 21, 2014, the applicant presented two weeks removed from shoulder arthroscopy. Postoperative physical therapy, thoracic MRI imaging, and lumbar MRI imaging were sought. Tramadol was prescribed. The applicant was placed off of work, on total temporary disability. On April 1, 2014, the attending provider sought authorization for a multilevel anterior cervical discectomy and fusion surgery. 20-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was working or not.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 06/05/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 13, Table 13-2 Page(s): 335.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI is the test of choice to diagnose suspected meniscal tear/meniscal derangement, ACOEM qualifies its position by noting that such testing is indicated only if surgery is being contemplated. In this case, however, there was/is no evidence that the applicant was/is actively considering or contemplating any kind of surgical intervention involving the injured left knee, although it is acknowledged that the June 27, 2014 RFA form in which the knee MRI was seemingly sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to set forth a specific basis or rationale for the request. Therefore, the request is not medically necessary.