MAXIMUS Federal Services

Case Number:	CM14-0142146		
Date Assigned:	09/10/2014	Date of Injury:	01/24/2014
Decision Date:	10/27/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal 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 patient is an injured worker with the left knee complaints. Date of injury was 01-24-2014. Regarding the mechanism of injury, the patient was cutting wood with the left knee on top of a pile of the wood and cutting the wood with the right hand. The left knee slipped, and fell roughly three feet with the left knee onto a wooden floor. The patient struck the floor. Current medications included Naprosyn and Norco. Left knee arthroscopy with partial medial and lateral meniscectomy was performed 5/2/14. Progress report dated 7/10/14 documented a chief complaint of knee pain, with no back complaints or spine examination. The initial comprehensive pain evaluation report dated 7/22/2014 documented that the patient continued to have left knee pain, swelling, locking and giving way. There were numbness, tingling and shooting pain down the left leg on the lateral side which was never been addressed. The patient continued to have moderately severe left knee pain which was intermittent. There were throbbing, pins and needles, numbness and tingling over the left lower extremity. There were no recent bowel or bladder habit changes. On physical examination, there was muscle weakness, decreased range of motion, swelling in the left knee and joint stiffness. The patient was not able to bear full weight on the left foot with heel-to-toe walk. The patient was unable to squat more than 25 percent. There was noticeably swollen left knee compared to the right. The straight leg raise was positive at 45 degrees. There was radiating pain from the left hip to the left ankle. Motor examination was 4/5 secondary to radiating pain into the leg. Otherwise, the patient was nontender. The left knee range of motion was 90 degrees with deep flexion pain. There was no instability noted on examination of the left knee. There was no subpatellar tenderness or lateral tenderness at the joint line. There was no tenderness over the lumbar spine over the the paravertebrals and bilateral sacroiliac joints. There was no midline tenderness. There was no greater trochanteric tenderness. Sensation was decreased over the left L5 and S1 dermatome to

pinprick, light touch, and temperature. There was no subjective documentation pertaining to the lumbar spine. The patient was diagnosed with left knee pain, left knee arthropathy, and lumbar radiculopathy. Physical examination 7/22/14 documented that there was no tenderness over the lumbar spine over the paravertebrals and bilateral sacroiliac joints. There was no midline tenderness. Treatment plan included request for lumbar MRI magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative.The progress report dated 7/10/14 documented a chief complaint of knee pain, with no back complaints or spine examination. The initial comprehensive pain evaluation report dated 7/22/2014 did not document any patient's complaint of back pain. Physical examination 7/22/14 documented that there was no tenderness in the lumbosacral region. No plain film radiograph results were documented. ACOEM guidelines recommend plain film x-ray radiographs before considering MRI. There were no spinal surgical considerations. There was no suspicion of cauda equina, tumor, infection, or fracture. Per ACOEM guidelines, MRI of the lumbar spine is not supported by the medical records.Therefore, the request for MRI Without Contrast Lumbar Spineis not medically necessary.