

<b>Case Number:</b>	CM14-0164699		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 49-year-old male who reported injuries due to a slip and fall from the top of a mixing truck on 01/20/2009. On 06/18/2014, his diagnoses included low back pain, right knee strain, and left ankle strain. His complaints included low back and right knee pain rated 8/10 and left ankle pain rated 7/10. There was no radiation or associated numbness, tingling, weakness, or paralysis. He stated that his pain regimen was helpful in alleviating his symptoms. The documentation revealed that he was taking medications, but the exact medications were not identified. An MRI of the lumbar spine on 08/13/2014 revealed that there were no enhancing osseous or soft tissue abnormalities. The lumbar vertebral bodies had normal height, configuration and marrow signal characteristics. There were no vertebral body compression fractures or subluxations. There was mild intervertebral disc desiccation noted. On 09/12/2014, an MRI with arthrogram of the right knee revealed a former ACL repair with no evidence of disruption, a medial meniscal tear, tears in both anterior and posterior horns, a lateral meniscus cleavage tear, and medial femorotibial joint space narrowing. There was no rationale, or Request for Authorization included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR (Magnetic Resonance) Arthrogram of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines <http://www.odg-twc.com/odgtwc/knee.htm>

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

**Decision rationale:** The request for MR (magnetic resonance) arthrogram of the right knee is not medically necessary. The California ACOEM Guidelines note that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was no evidence of this injured worker participating in conservative care. Furthermore, an MRI with arthrogram was performed on his right knee on 09/12/2013. There was no rationale or justification for a second MR arthrogram of the right knee. The need for a repeat arthrogram was not clearly demonstrated in the submitted documentation. Therefore, this request for MR (magnetic resonance) arthrogram of the right knee is not medically necessary.

**Orthopedic spinal consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306, 201-202.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for orthopedic spinal consultation is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. There was no evidence in the submitted documentation of spinal complaints or abnormalities that would warrant a consultation. The need for a spinal consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for orthopedic spinal consultation is not medically necessary.

**Follow up with MD for medications:** Upheld

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

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

**Decision rationale:** The request for a follow-up with MD for medications is not medically necessary. The California ACOEM Guidelines recommend that patients with knee complaints should have follow-up visits regularly, whether in person or a brief telephone contact by a mid-level practitioner who can counsel the patient regarding medication use. Although a progress note mentioned that this worker was taking medications, no medications were identified in the submitted documentation. Furthermore, there was no objective documentation regarding pain relief or functional improvement with medication use. The need for this follow-up was not

clearly demonstrated in the submitted documentation. Therefore, this request for a follow-up with MD for medications is not medically necessary.