MAXIMUS Federal Services

Case Number:	CM14-0212799		
Date Assigned:	12/30/2014	Date of Injury:	12/23/2011
Decision Date:	02/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 years old male patient who sustained an injury on 12/23/2011. He sustained the injury when he lifted a lathe with the steel into a machine and spun the patient across the room. The current diagnoses include left knee pain, left arm pain, left shoulder pain, low back pain left hip pain and bilateral hand/wrist pain. Per the doctor's note dated 11/19/2014, he had complaints of left shoulder pain, left arm pain, bilateral hand pain, left knee pain and low back pain. The physical examination revealed tenderness in the midline of the lower lumbar spine; range of motion- Cervical: Flexion: 60 degrees, extension: 40 degrees, left lateral flexion: 20 degrees, right lateral flexion: 20 degrees, left lateral rotation: 80 degrees, and right lateral rotation: 90 degrees; Lumbar: Flexion: 90 degrees, extension: 5 degrees, left lateral flexion: 15 degrees, right lateral flexion: 15 degrees, left lateral rotation: 10 degrees, and right lateral rotation: 10 degrees; range-of-motion of the left shoulder reduced flexion: 160 degrees, abduction 110 degrees, tenderness over the left shoulder, tenderness over the left knee, negative McMurray sign and Drawer's sign, tenderness over both wrists, a positive Phalen's sign and a positive Tinel's sign, tenderness over the left hip, 4/5 strength in left lower extremity, reduced sensation to light touch along the anterior left thigh and the anterior left leg and negative straight leg raising test. The medications list includes celebrex, lidoderm patch and zanaflex. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. Patient was advised to start physical therapy for this injury.

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 (ODG) Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343: Table 13-5; 341.

Decision rationale: Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Patient was advised to start physical therapy. Response to a complete course of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. In addition, patient had tenderness over the left knee, negative McMurray sign and Drawer's sign. Therefore significant objective evidence of internal derangement/ligament injury is not specified in the records provided. Left knee X-ray report is also not specified in the records provided. The medical necessity of MRI of the left knee is not established.