

Case Number:	CM15-0002445		
Date Assigned:	01/13/2015	Date of Injury:	07/26/1994
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, and knee pain reportedly associated with an industrial injury of July 26, 1994. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve a request for a knee MRI. The claims administrator referenced an RFA form dated December 23, 2014 in its determination. The claims administrator did not incorporate any guidelines into report rationale but stated that its decision was based on non-MTUS Third Edition ACOEM Guidelines, which were placed at the bottom of the report but not referenced in the rationale. The applicant's attorney subsequently appealed. In an August 8, 2014 progress note, the applicant reported persistent complaints of low back and knee pain associated with reflex sympathetic dystrophy. Norco was refilled. In a December 23, 2014 progress note, the applicant reported ongoing issues with knee and low back pain, 10/10, reportedly attributed to complex regional pain syndrome (CRPS). The applicant was using a wheelchair to move about. The applicant was using both a lumbar brace and a knee brace, it was stated. The applicant's medication list included topical ketamine, Protonix, Naprosyn, Colace, baclofen, Voltaren gel, Effexor, Norco, albuterol, Advair, and unspecified hypertension medications. The applicant was status post two knee surgeries for an ACL tear. The applicant was using a wheelchair and could not apparently ambulate. 5/5 lower extremity strength was nevertheless appreciated with normal muscle tone also evident about the bilateral lower extremities. The attending provider stated that the applicant was intent on pursuing surgical options for her knee pain complaints. In a November 21, 2014 progress note, the

applicant was again described as wheelchair-bound. The applicant was also wearing a knee brace. The applicant was not working, it was suggested

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee between 12/30/2014 and 2/23/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acoempracguides.org/Knee>; Table 2, Summary of Recommendation, Knee Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 347..

Decision rationale: Yes, the proposed knee MRI is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, an MRI study of the knee is recommended to determine the extent of an ACL tear preoperatively. Here, the attending provider has noted that the applicant is status post two prior knee ACL reconstruction surgeries and is, furthermore, intent on pursuing further knee surgery. The applicant was/is wheelchair-bound and using a knee brace, it was suggested. The applicant does have significant residual impairment associated with the knee. Obtaining MRI imaging of the knee for reported preoperative finding purposes, thus, was/is indicated. Therefore, the request was/is medically necessary.