

Case Number:	CM15-0108397		
Date Assigned:	06/15/2015	Date of Injury:	09/09/2013
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 9/19/2013. She reported low back pain. Diagnoses have included left shoulder strain, lumbar spine strain and status post arthroscopy left knee. Treatment to date has included acupuncture, chiropractic treatment and physical therapy. According to the progress report dated 3/11/2015, the injured worker complained of aching and stiffness of her neck and left shoulder. She complained of low back pain radiating down her left buttock and left knee. She reported noticing left knee pain since she hurt her back. Physical exam revealed tenderness of the left shoulder without impingement. There was tenderness of the spine at L1 through S1. She could not squat due to knee pain. There was tenderness of the left knee. Authorization was requested for magnetic resonance imaging (MRI) of the left knee.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Chapter 13 Knee, Diagnostic Imaging, page 341-343.

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for the MRI. Besides continuous intermittent pain complaints without normal range of motion on exam without neurological deficits, there is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The MRI of the left knee is not medically necessary and appropriate.