MAXIMUS Federal Services

Case Number:	CM15-0013374		
Date Assigned:	02/02/2015	Date of Injury:	06/02/2011
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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 was a 58 year old male, who sustained an industrial injury, June 2, 2011. The injured worker suffered low back injury as a result of bending at the waist on June 2, 2011. According to the progress note of December 19, 2014, the injured worker suffered a work related right knee injury in 2010. The injured worker was diagnosed with lumbar radiculopathy, lumbar facet arthropathy and myofascial pain left knee strain, right knee strain and left shoulder strain. The injured worker previously received the following treatments injections, Flexeril, Gabapentin and topical creams, physical therapy, MRI December 11, 2014 of the lumbar spine. According to progress note of December 8, 2014, the injured workers chief complaint was lower back pain which radiates down the right leg, right knee pain, right long finger pain. The physical exam noted tenderness lumbar facet L3-S1, positive lumbar facet loading maneuver, tender thoracic and lumbar paraspinus muscles, right knee weakness on extension and right ankle flexion and extension, deep tendon reflexes decreased in the right knee and achilles. Left knee pain sharp, radiates to left ankle. The injured workers bilateral knee pain was interfering with ability to lift, pull, push, sit, squat, stand, and walk.December 8, 2014, the primary treating physician requested authorization for MRI of both knees due to increased pain. On December 30, 2014, the utilization review denied authorization for MRI of both knees. The utilization Reviewer referenced MTUS/ACOEM and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI both knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter (Acute & Chronic), MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation knee and leg chapter, magnetic resonance imaging

Decision rationale: The patient was injured on 06/02/2011 and presents with right knee/leg pain, low back pain, left shoulder pain, left knee/leg pain, and right long finger pain. The request is for an MRI OF BOTH KNEES. The utilization review denial rationale is that there was no documentation of adequate conservative treatment provided specifically for the bilateral knees the rationale for the requested procedure as well as how it will direct future treatment was not specified. There is no RFA provided and the work status is not known. Review of the reports provided does not indicate if the patient has had a prior MRI of both knees. ACOEM Guidelines page 341 and 342 on MRI of the knees state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate her fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For repeat MRIs: Postsurgical if need to assess knee cartilage repair tissue. Routine use of MRI for followup of asymptomatic patients following the arthroplasty is not recommended. ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and nontraumatic cases as well.The 12/08/2014 report states right knee/leg pain is sharp, radiates to lower back and right ankle, occurs 100% at the time, and interferes with the applicant's ability to carry, lift, pull, push, stand, and walk. Left knee/leg pain is sharp, radiates to left ankle, occurs 100% of the time, and it interferes with the applicant's ability to carry, lift, pull, push, sit, squat, stand, and walk. Both knees have deformities/swelling and slight valgus bilaterally. There is diffuse tenderness on both the right/left knee and the patient has slight crepitation bilaterally. The reason for the request is not provided. ACOEM Guidelines state that special studies are not needed to evaluate post-knee complaints until after a period of conservative care and observation. Since the injury is from 2011, it would appear that the patient has failed conservative care. Given the patient's chronic knee pain, the requested MRI of both knees IS medically necessary.