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| Case Number: | CM15-0016164 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 08/04/2014 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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 41 year old male, who sustained an industrial injury on August 4, 2014. He has reported loading and unloading trucks of up to two hundred fifty pounds and injured lower back, bilateral knees, left arm and bilateral legs. The diagnoses have included low back pain, lumbar sprain/strain, ankle sprain, elbow tendonitis left and sprain strain of knees or legs both heels pain. Currently, the injured worker complains of lower back, bilateral knees and bilateral heel pain. In a progress note dated December 24, 2014, the treating provider reports normal range of motion of the knee. On December 30, 2014 Utilization Review non-certified a Magnetic resonance imaging of lower extremity, noting, American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 335.

Decision rationale: The injured worker is being treated for low back pain and left knee sprain secondary to sprain injury. Mechanism of injury is indicated as heavy lifting. Records indicate a normal neurologic examination and absence of red flags. Knee range of motion is normal. There is no notation of positive provocative knee signs. The MTUS citation listed provides specific indications for imaging in cases of knee back pain. The treating physician has not described the clinical evidence of significant pathology, such as "Unequivocal objective findings that identify neurovascular compromise, reduced dislocation, infection or tumor". No "red flag" conditions are identified. Specific indications for surgery are not present. The MRI is not medically necessary as the injured worker does not meet the criteria described in the MTUS guidelines.