

Case Number:	CM15-0114474		
Date Assigned:	06/22/2015	Date of Injury:	02/12/2013
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina
 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:

The injured worker was a 50 year old female, who sustained an industrial injury, February 12, 2013. The injured worker previously received the following treatments biofeedback skill training. The injured worker was diagnosed with chronic pain syndrome, depressed mood and anxiety. According to progress note of February 19, 2015, the injured worker's chief complaint was continuing chronic pain, which negatively impacted the mood and lack of sleep, fatigue during the day and agitation due to anxiety, all of which were significantly and were thus manageable. There were some depressed symptoms still reported as most meaningful physical activity caused acute exacerbation of the pain and was difficult. The injured worker continued to use biofeedback relaxation exercises independently to mild the effects, but was still just beginning to master the biofeedback skills. There was no documentation of a physical assessment during this visit. The treatment plan included an updated left and right knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-347.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore the request is not medically necessary.

Updated MRI for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-347, Chronic Pain Treatment Guidelines.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore the request is not medically necessary.