

Case Number:	CM15-0116663		
Date Assigned:	06/24/2015	Date of Injury:	09/15/1999
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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 61-year-old male patient who sustained an industrial injury on 09/15/1999. The following diagnoses were applied: cervical lumbar discopathy; cervicgia; rule out internal derangement bilateral knees; cubital tunnel syndrome; status post-bilateral carpal tunnel releases, and rule out double crush syndrome. A primary treating office visit dated 04/21/2015 reported chief complaint of having constant cervical spine pain that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, and forward reaching. There is also radiation of pain down bilateral sides of neck and into upper extremity/hands with associated tingling and numbness. There is also associated headaches and tension between the shoulder blades. There is intermittent pain in the bilateral elbows, and constant pain in the wrists. He also complains of bilateral knee pain. The patient received an intramuscular injection of both Toradol and vitamin B-12. The plan of care noted the patient with referral for pain management evaluation for possible epidural injections; undergo a magnetic resonance imaging study of cervical, lumbar spine and bilateral knees.

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 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 304, table 12-7 and 343, tables 13-1 and 13-6, respectively. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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 neurological deficits, or 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.