

Case Number:	CM15-0118669		
Date Assigned:	06/26/2015	Date of Injury:	01/16/2004
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/19/2015

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, 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 is a 64 year old male who sustained an industrial injury on 01/16/2004. The injured worker was diagnosed with multi-level lumbar degenerative disc disease, cervical spine degenerative disc disease and bilateral knee internal derangement. The injured worker has a history of diabetes mellitus. No surgical interventions were noted. Treatment to date has included diagnostic testing, physical therapy, home exercise program, psychological evaluation and medications. According to the primary treating physician's progress report on April 29, 2015, the injured worker continues to experience cervical and lumbar spine pain, bilateral shoulder and knee pain. The injured worker rates his pain level at 8-9/10. Without medications he has difficulty walking. Examination of the cervical spine demonstrated tenderness to palpation across the cervical trapezial ridge with radiation to both arms. The lumbar spine has decreased range of motion with paraspinal muscle spasms and positive Lasegue and straight leg raise tests bilaterally. Examination of the bilateral knees demonstrated patellofemoral crepitation with medial and lateral joint line tenderness to palpation. Positive McMurray's was noted bilaterally. Current medications are listed as Duexis, Effexor, Nexium and Motrin. Treatment plan consists of continuing medications, home exercise program, cane to ambulate, referral to knee specialist and the current request for a left knee magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): MRI's (magnetic resonance imaging) (2015).

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

Decision rationale: The ACOEM Guidelines state that the indications for MRI of the knee include acute trauma, non-traumatic knee pain in cases where plain radiographs are normal, or if internal derangement is suspected. The request includes an MRI of the collateral ligaments, therefore does not meet the criteria. In addition the date on injury was in 2004, which is far past the acute phase of injury. Therefore this request is not medically necessary.