

<b>Case Number:</b>	CM15-0120910		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/23/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 57 year old female, who sustained an industrial injury on 4/23/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc bulge, lumbar facet syndrome and spondylosis and chronic myofascial pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, therapy and medication management. In a progress note dated 2/3/2015, the injured worker complains of pain in the neck, rated 2-3/10 and in the low back rated 6-7/10. Physical examination showed restricted lumbar range of motion. The bilateral knees are not addressed in the medical records provided. The treating physician is requesting bilateral knee magnetic resonance imaging and cortisone injections to the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of bilateral knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 22-27.

**Decision rationale:** MTUS Guidelines suggest minimal levels of medical evaluation to justify diagnosis and treatment. The records available for review do not meet the Guidelines standards as there is no documentation any evaluation of the knee in the medical history or exam. There is no tentative diagnosis or subjective complaints that would justify the requested treatment. Under these circumstances, the MRI bilateral knees are not supported by Guidelines and are not medically necessary.

**Cortisone injections bilateral knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg, Corticosteroid injection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22-27.

**Decision rationale:** MTUS Guidelines suggest minimal levels of medical evaluation to justify diagnosis and treatment. The records available for review do not meet the Guidelines standards as there is no documentation any evaluation of the knee in the medical history or exam. There is no tentative diagnosis or subjective complaints that would justify the requested treatment. Under these circumstances, the cortisone injections bilateral knees are not supported by Guidelines and are not medically necessary.