MAXIMUS Federal Services

Case Number:	CM15-0123081		
Date Assigned:	08/05/2015	Date of Injury:	11/01/2010
Decision Date:	09/03/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 43 year old male who sustained an industrial injury on 11-01-2010. Mechanism of injury occurred when he was carrying plates and slipped and fell. Diagnoses include right shoulder impingement syndrome, right acromioclavicular cartilage disorder, status post-right shoulder arthroscopy on 10-15-2013, and lumbosacral strain-sprain, left knee internal derangement clinically, and status post left knee arthroscopy on 04-04-2013. Treatment to date has included diagnostic studies, medications, status post two open reductions and internal fixations of his right fifth metacarpal, two arthroscopies on his right knee and on arthroscopy of his left knee, and physical therapy. A physician progress note dated 05-28-2015 documents the injured worker complains of chronic pain in the knee, shoulder and low back. He rates his pain as 5 out of 10 in the left knee, 8 out of 10 in his low back, and 7 out of 10 in the right shoulder. On examination his right shoulder has a positive Neers, positive impingement test, positive Apley's, positive Hawkins and weak abduction against resistance. He has exquisite tenderness over the inferior portion of the acromioclavicular joint. His left knee has full range of motion but exquisite tenderness over the body and posterior horn of the medial meniscus. There is positive McMurray's test. Lumbar range of motion is restricted and there is positive paraspinal tenderness to percussion. Straight leg lifting is positive at 90 degrees on the right and 75 degrees on the left. The treatment plan includes urine toxicology. Treatment requested is for One (1) MR arthrogram of the left knee, and One (1) x-ray of the left knee with 4 views.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) x-ray of the left knee with 4 views: Upheld

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

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

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for knee X-rays for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. No rationale or justification was provided by requesting provider in progress note. X-ray of knee is not medically necessary.

One (1) MR arthrogram of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 and 347.

Decision rationale: An MRI arthrogram was ordered of the L knee with no provided medical justification. Patient has a known L knee pathology with multiple surgeries. Pt has no change in pain complaints and is stable on current therapy. There are no reported red flags of new swelling or reports of instability or pain of the knee. As per ACOEM Guidelines, MRI of the knee may be considered for pre-operative assessment of meniscus tear or for other ligamentous injury. Patient does not have any exam or notes supporting a ligamentous injury or any red flags. Pt has continued pain and exam consistent with chronic knee pain that has been unchanged in years. As per ACOEM guidelines and the lack of medical justification from the primary treating physician as to utility or justification, a MRI arthrogram of the L knee with unchanged symptoms will not likely provide any new information. MRI arthrogram of the L knee is not medically necessary.