

Case Number:	CM15-0126017		
Date Assigned:	07/10/2015	Date of Injury:	12/07/2007
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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:

This is a 35 year old female with a December 7, 2007 date of injury. A progress note dated May 21, 2015 documents subjective complaints (persistent pain in the neck, back, and bilateral shoulders rated at a level of 9-10/10; neck pain radiates to the bilateral upper extremities; low back pain radiates to the left lower extremity; right wrist pain rated at a level of 8/10 with soreness, weakness, and numbness; left knee pain rated at a level of 9/10, worsening, with clicking and locking), objective findings (slow, antalgic gait; use of a cane; decreased range of motion of the cervical spine; tenderness to the cervical paraspinals; decreased sensation and strength on the right at C5, C6, and C7; tenderness to palpation of the bilateral shoulders; decreased range of motion and strength of the bilateral shoulders; positive Hawkins' sign bilaterally; numbness and decreased grip strength of the right wrist; tenderness to palpation of the lumbar spine; positive straight leg raise on the left), and current diagnoses (diffuse musculoskeletal myofascial pain; cervical disc bulge with degenerative osteophyte; bilateral shoulder sprain/strain; psyche issues; gastrointestinal issues secondary to non-steroidal anti-inflammatory drug use; headaches; lumbar spine sprain/strain). Treatments to date have included medications, physical therapy, and imaging studies. The treating physician documented a plan of care that included magnetic resonance imaging of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) - Online Edition, Knee and Leg (Acute & Chronic) MRI (Magnetic Resonance Imaging).

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

Decision rationale: The requested MRI (Magnetic Resonance Imaging) of the left knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has persistent pain in the neck, back, and bilateral shoulders rated at a level of 9-10/10; neck pain radiates to the bilateral upper extremities; low back pain radiates to the left lower extremity; right wrist pain rated at a level of 8/10 with soreness, weakness, and numbness; left knee pain rated at a level of 9/10, worsening, with clicking and locking. Exam findings included slow, antalgic gait; use of a cane; decreased range of motion of the cervical spine; tenderness to the cervical paraspinals; decreased sensation and strength on the right at C5, C6, and C7; tenderness to palpation of the bilateral shoulders; decreased range of motion and strength of the bilateral shoulders; positive Hawkins' sign bilaterally; numbness and decreased grip strength of the right wrist; tenderness to palpation of the lumbar spine; positive straight leg raise on the left. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, nor results of radiographs. The criteria noted above not having been met, MRI (Magnetic Resonance Imaging) of the left knee is not medically necessary.