

Case Number:	CM15-0126751		
Date Assigned:	07/10/2015	Date of Injury:	01/06/1994
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old male who sustained an industrial injury on 1/6/94. The mechanism of injury is unclear. He currently complains of back pain with radiation to bilateral lower extremities, numbness and tingling and a pain level of 4/10. On physical exam there was decreased range of motion of thoracolumbar spine. Medications are Butrans patch, Dilaudid, Tramadol. Diagnoses include lumbar laminectomy with partial facetectomy and insertion of co-flex device L3-4 and L4-5 (9/8/14); status post bilateral carpal tunnel release; status post bilateral knee arthroscopy; anterolisthesis L4-5; chronic right L5 radiculopathy; moderate to severe central stenosis L3, 4 and L4, 5. Treatments to date include post-operative physical therapy with functional improvement noted after completing therapy; aqua therapy; medications; heating pad. There were no diagnostics available for review. On 6/2/15 Utilization Review evaluated a request for MRI of the right and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified with MRI. In addition, there is no functional deficit noted after the patient's bilateral knee arthroscopy. Therefore, the request for MRI of the Right Knee is not medically necessary.

MRI for Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified with MRI. In addition, there is no functional deficit noted after the patient's bilateral knee arthroscopy. Therefore, the request for MRI of the left Knee is not medically necessary.