MAXIMUS Federal Services

Case Number:	CM15-0128078		
Date Assigned:	07/17/2015	Date of Injury:	03/09/2008
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: Indiana, Michigan, California
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 56 year old female who experienced a work related injury on March 9, 2008. Since then the symptoms of bilateral knee and low back pain have persisted and have left the injured worker with significant difficulty with sitting, standing, lifting, walking and climbing. No lower extremity sensory or motor deficits were documented. X-rays were completed on the bilateral knees on August 27, 2013 and showed chronic arthritic changes. MRI of the left knee on August 6, 2011 revealed a tear involving the medial meniscus and MRI of the right knee was consistent with severe cartilage loss with edema. Treatment has involved medications, acupuncture, physical therapy, joint injections and arthroscopic surgeries. The request is for bilateral knee x-rays and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Bilateral 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): 348.

Decision rationale: The injured worker underwent bilateral knee x-rays which revealed abnormalities consistent with the symptoms. No changes in the knee pain were documented to justify repeating the x-rays. No red flags were found that, per guidelines, indicate the need for further imaging. Therefore, bilateral knee x-rays are not medically necessary and appropriate.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Guidelines state, "unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging." The injured worker suffered from persistent low back pain but no documentation was found indicating there were lower extremity sensory or motor deficits. Consequently, MRI of the lumbar spine is not medically necessary and appropriate.