

Case Number:	CM15-0170628		
Date Assigned:	09/11/2015	Date of Injury:	06/07/2015
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
 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 54-year-old male, who sustained an industrial-work injury on 6-7-15. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of the knee, lumbar strain and sprain, medial epicondylitis and shoulder impingement. Medical records dated (7-7-15 to 7-15-15) indicate that the injured worker complains of intermittent pain in the bilateral legs rated 7 out of 10 on the pain scale. The pain increases with activity and decreases with pain medications. He also complains of right knee pain that is intermittent and stabbing with swelling. The pain is rated 10 out of 10 on pain scale and increases with kneeling, prolonged walking and standing and decreases with pain medications. The medical records also indicate worsening of the activities of daily living due to increased pain with activity. Per the treating physician report, dated 7-7-15 work status is temporary total disability for 6 weeks. The physical exam dated (7-7-15 to 7-15-15) reveals that the bilateral knees reveal tenderness to pressure over the bilateral knee joints. The bilateral knees reveal a positive McMurray's test. Treatment to date has included pain medications, off of work, activity modifications, physical therapy, diagnostics, and other modalities. There are no previous diagnostic reports noted in the records. The original Utilization review dated 8-12-15 denied a request for MRI (magnetic resonance imaging) of the right knee and MRI (magnetic resonance imaging) of the left knee as based on the guidelines and documentation submitted they were not medically necessary.

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 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tears preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore, the request is not medically necessary.

MRI (magnetic resonance imaging) of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tears preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore, the request is not medically necessary.