

Case Number:	CM15-0171757		
Date Assigned:	09/14/2015	Date of Injury:	07/30/2012
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
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 39 year old male who sustained an industrial injury on 7-30-12. Treatments include: medication, physical therapy, acupuncture, chiropractic care and injections. Progress report dated 6-23-15 reports continued complaints of burning neck pain associated with numbness and tingling of the bilateral upper extremities. The pain is described as mild to moderate and is rated 4-5 out of 10. He has complaints of burning lower back pain associated with numbness and tingling of the bilateral lower extremities. The pain is described as mild to moderate and is rated 4-5 out of 10. He also has complaints of bilateral knee pain and muscle spasms. The pain is described as constant, moderate to severe and is rated 5 out of 10. He reports feelings of frustration, stress, anxiety, insomnia and depression related to chronic pain and limitation. Pain medications offer temporary relief of pain and improves ability to sleep. Diagnoses include: cervical spine pain, cervical spine sprain and strain, cervical spine HNP, cervical radiculopathy, lumbar spine pain, sprain and strain, lumbar spine spondylolisthesis, lumbar radiculopathy, bilateral knee sprain and strain, bilateral knee internal derangement, anxiety disorder, mood disorder, sleep disorder and stress. Plan of care includes: continue medications, request MRI of the bilateral knees, continue physical therapy, chiropractic and acupuncture for the cervical and lumbar spine and bilateral knee 3 times per week for 6 weeks. Work status: remain off work until 6-23-15 to 7-28-15. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Bilateral Knees: 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: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. 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. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The provided medical records for review do not meet criteria as cited above for imaging of the knees and therefore the request is not medically necessary.