

Case Number:	CM15-0172673		
Date Assigned:	09/15/2015	Date of Injury:	12/09/2003
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 47 year old female, who sustained an industrial injury on 12-09-2003. The injured worker is currently permanent and stationary and temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for chronic low back pain, lumbar degenerative disc disease per MRI, left sciatica, and left knee internal derangement with chondromalacia patella and prepatellar bursitis. Treatment and diagnostics to date has included cognitive behavioral therapy and medications. Current medications include Prozac, Norco, Colace, Lidoderm patch, Voltaren gel, and Motrin. In a progress note dated 07-29-2015, the injured worker presented for a re-evaluation for chronic low back and left knee pain. The physician stated that he requested an MRI of the left knee the previous month and noted that an MRI of the left knee dated 01-30-2014 showed extensive chondromalacia patella with full thickness osteochondral defect with lateral patella subluxation and prepatellar bursitis. Objective findings included lateral joint line and lateral infrapatellar tenderness at the left knee with slightly positive patellofemoral grind testing and slight crepitus with popping noted with active range of motion, and positive McMurray's test on the left. The Utilization Review with a decision date of 08-05-2015 non-certified the request for MRI 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 left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI of the left knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no identification of any red flags. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the left knee. In the absence of such documentation, the currently requested MRI of the left knee is not medically necessary.