

<b>Case Number:</b>	CM15-0179693		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and wrist pain reportedly associated with an industrial injury of October 25, 2013. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for an internal medicine consultation, MR imaging of the wrist, and MR imaging of the knee. The claims administrator referenced an August 18, 2015 progress note and an associated RFA form of the same date in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were also invoked in the determination. The applicant's attorney subsequently appealed. On said August 18, 2015, the applicant reported ongoing complaints of knee and wrist pain, reportedly severe. The applicant exhibited a positive McMurray sign about the left knee. The attending provider contended that the applicant had a medical-legal evaluation recommending knee surgery. The applicant exhibited positive Tinel and Phalen signs about the bilateral wrists with hyposensorium about the median nerve distribution. The applicant was given diagnoses of lateral epicondylitis, carpal tunnel syndrome, lumbar radiculopathy, and internal derangement of the left knee. The applicant stated that she was willing to undergo a knee surgery. Both knee MRI imaging and an orthopedic knee surgery consultation were endorsed. MRI imaging of the wrist was also sought. An internal medicine consultation was endorsed, although it was not clearly stated for what purpose the internal medicine consultation was intended. The applicant was placed off work, on total temporary disability, for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Internal Medicine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** No, the request for a consultation with internal medicine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the attending provider's August 18, 2015 office visit failed to outline what issue, diagnosis, and/or purpose he intended for the applicant to consult an internist to address. Therefore, the request was not medically necessary.

**Magnetic resonance imaging (MRI) of the left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for MRI imaging of the wrist was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated on August 18, 2015 that the applicant's primary operating diagnosis involving the wrist was carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 notes that MRI imaging of the wrist is scored at 1/4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., the diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for selection of MRI imaging for a diagnosis, carpal tunnel syndrome, for which it has scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request was not medically necessary.

**Magnetic resonance imaging (MRI) of the left knee: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Finally, the request for MRI imaging of the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was seemingly suspected here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that such testing is generally indicated only if surgery is being contemplated, here, however, the requesting provider stated on August 18, 2015 that the applicant's presentation was suggestive of a meniscal pathology, noted that the applicant had severe knee pain complaints, noted that the applicant was willing to undergo knee surgery, and was pending an orthopedic knee surgery referral. Preoperative knee MRI imaging was, thus, indicated and in-line with the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335. Therefore, the request was medically necessary.