MAXIMUS Federal Services

Case Number:	CM15-0029875		
Date Assigned:	02/23/2015	Date of Injury:	11/13/2013
Decision Date:	06/11/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 29-year-old male who sustained an industrial injury on 11/13/2013. The mechanism of the injury is not given. He reports neck pain, right upper extremity numbness and tingling, constant low back pain, occasional right hip pain, and occasional right knee pain. The injured worker was diagnosed as having cervical radiculopathy, lumbar disc protrusion, right hip sprain/strain, and right knee chondromalacia patella. Treatment to date has included chiropractic care, physical therapy, a home exercise program and a 30 day TENS (transcutaneous electrical nerve stimulation unit) trial which was felt to be successful. Currently, the injured worker complains of pain in the neck, mid and upper back and bilateral knees. According to the primary treating physician's progress report of 10/09/2014, he complains of constant low back pain rated as being 6/10, occasional right hip pain rated as 4-5/10, and occasional right knee pain rated as 3/10. In the exam of 12/10/2014, the IW complained of pain in the lower back radiating to the lower extremities that was essentially unchanged and pain in the right knee rated a 2-3/10, with pain in the left knee rated a 5/10. Bilateral knees have grade 2 tenderness to palpation. The patient limps on bilateral lower extremities. A MRI of the Left Knee was requested with the diagnostic impression of bilateral knee strain/sprain, rule out bilateral internal derangement; rule out left knee meniscal tear.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 13 Knee, Diagnostic Imaging, page 341-343.

Decision rationale: There is no recent x-ray of the right knee for review. Guidelines states that 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). Submitted reports have not adequately demonstrated remarkable clinical findings with evidence of internal derangement, acute flare-up, new injuries, failed conservative knee treatment trial or progressive change to support for the imaging study. The MRI of the left knee is not medically necessary and appropriate.