

Case Number:	CM15-0040248		
Date Assigned:	03/10/2015	Date of Injury:	05/11/2009
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: Internal 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 63 year old male, who sustained an industrial injury on 5/11/09. He has reported low back, wrists and knee injuries due to repetitive drilling as an aircraft assembler. The diagnoses have included internal derangement of knees, cervical disc syndrome, lumbar disc syndrome and right carpal tunnel syndrome. Treatment to date has included medications, surgery, chiropractic, physical therapy, physiotherapy and Home Exercise Program (HEP). Surgery included carpal tunnel release right hand. Currently, as per the physician progress note dated 1/24/15, the injured worker complains of frequent moderate pain in the bilateral knees rated 6/10 for the left knee and 5/10 for the right knee described as dull across the joint and localized with numbness down the anterior lower legs. He states that the symptoms affect his sleep and activities of daily living (ADL's). The current medications included Omeprazole, Tramadol and cyclobenzaprine. The physical exam of the left knee revealed positive McMurray's internal rotation and positive McMurray's external rotation. Treatment plan was electromyogram, medications, Magnetic Resonance Imaging (MRI) of the left knee, physical therapy, transfer care and urine drug screen. Work status was temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 341, 343-345, 346-347. Decision based on Non-MTUS Citation ACOEM 3rd Edition Knee disorders (2011) <http://www.guideline.gov/content.aspx?id=36632>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. ACOEM 3rd Edition (2011) indicates that MRI magnetic resonance imaging for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease is not recommended. MRI magnetic resonance imaging of the left knee dated 1/12/12 documented that the knee itself is unremarkable. The primary treating physician's progress report dated 1/24/15 documented that the left knee range of motion was 0 degrees through 130 degrees. Knee flexion and extension motor strength was 5/5. MRI of the left knee was requested. The previous 1/12/12 MRI of the left knee was not referenced. MRI magnetic resonance imaging of the left knee dated 1/12/12 documented that the knee itself is unremarkable. New acute left knee injury was not reported by the patient. Physical examination demonstrated normal range of motion and motor strength of the left knee. Left knee tenderness was not documented on physical examination. The medical records do not establish the need for a repeat MRI of the left knee. ACOEM 3rd Edition (2011) indicates that MRI magnetic resonance imaging for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease is not recommended. The request for a repeat left knee MRI is not supported by ACOEM guidelines. Therefore, the request for MRI of the left knee is not medically necessary.