

Case Number:	CM15-0063131		
Date Assigned:	04/08/2015	Date of Injury:	07/24/2011
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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 56 year old female, who sustained an industrial/work injury on 7/24/11. She reported initial complaints of left knee and hip. The injured worker was diagnosed as having left knee and hip sprain/strain, rule out internal derangement. Treatment to date has included medication, diagnostics, and orthopedic consultation. MRI results were reported on 10/14/13. X-Rays results were reported on 10/17/14. Currently, the injured worker complains of increased and throbbing pain in the shoulders, cervical spine, and low back. She was unable to lift the left arm region. Per the primary physician's progress report (PR-2) from 3/16/15, revealed tenderness in the medial joint line on the left. The McMurray's test was positive. The chondromalacia patellar compression test was positive. The range of motion in extension was -5 degrees and flexion was at 110 degrees. Current treatment was to include MRI of the lumbar spine, electromyography and nerve conduction test velocity (EMG/NCV) of the bilateral lower extremities. The requested treatments include MRI of left knee.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-347.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. 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. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. The patient has a positive Mc Murray test and medial joint line tenderness suggestive of meniscal injury. However, there is no documentation of conservative failure of care directed specifically for the knee. Therefore the request is not medically necessary.