

Case Number:	CM15-0064407		
Date Assigned:	04/10/2015	Date of Injury:	05/29/2010
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 54 year old female, who sustained an industrial injury on 5/29/10. She reported initial complaints of head, neck and low back. The injured worker was diagnosed as having cervical spine syndrome with radiculopathy; status post right shoulder acromioplasty, Mumford procedure, synovectomy/removal loose bodies; lumbosacral syndrome with sciatica; status post right knee arthroscopy, three compartment synovectomy, partial lateral meniscectomy, recurrent right knee lateral meniscus tear; left knee sprain. Treatment to date has included status post right knee arthroscopy surgery (2010); status post right shoulder surgery; MRI arthrogram right shoulder (5/31/13); physical therapy; drug toxicology screening; MRI right knee (12/2014); medications. Currently, the PR-2 notes dated 12/18/14 indicate the injured worker complains of bilateral shoulder pain, bilateral knee pain, neck pain and low back pain. There are multiple PR-2 notes for different dates of service, but limited documentation that references a left knee complaint. An "Agreed Medication Re-Examination" dated 2/6/15 documents chief complaints by this injured worker as: Cervical pain with radiculitis; right shoulder pain; low back pain with sciatica; right and left knee pain; cephalgia. These notes indicate the injured worker has been receiving medications and physical therapy treatments from her primary treating provider. The notes document the injured worker has constant right and left knee pain with levels of pain in both knees at 8/10. There is limited documentation that references the left knee or any treatment or diagnostics for the left knee in other submitted documentation. However, this examination report indicates a "Positive MRI study, 6/23/10,

showing prepatellar soft tissue edema and noteworthy negative MRI study 7/20/12". The provider requested and was denied by Utilization Review a MRI 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: The Claims Administrator did not cite any medical evidence for its decision.

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 tears 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. Therefore, the request is not medically necessary.