MAXIMUS Federal Services

Case Number:	CM15-0072447		
Date Assigned:	04/22/2015	Date of Injury:	06/10/2008
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 76-year-old female with an industrial injury dated June 10, 2008. The injured worker diagnoses include chronic diffuse cervical degenerative changes, cervical disc herniation, bilateral upper extremity radicular pain, right shoulder rotator cuff syndrome, and bilateral knee chronic medial compartment osteoarthritis with aggravation secondary to industrial fall. She has been treated with diagnostic studies, prescribed medications, knee injections and periodic follow up visits. According to the progress note dated 3/16/2015, the injured worker reported cervical spine, lumbar spine, left wrist, bilateral hand, bilateral knee and bilateral foot pain. Cervical spine exam revealed tenderness to palpitation with full range of motion. Right shoulder exam revealed mild tenderness to palpitation, full range of motion and external rotation was limited due to pain. Bilateral knee exam revealed bilateral swelling and bilateral tenderness to palpitation. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of bilateral knee and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI s (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in June 2008 and is being treated for ongoing pain. When seen, there was cervical spine tenderness and bilateral knee tenderness with swelling. MRI scans were requested for the evaluation of persistent pain. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no physical examination finding or recent x-ray result that would support the need to obtain an MRI. Therefore, an MRI of the knee is not medically necessary.

MRI without contrast Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI s (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in June 2008 and is being treated for ongoing pain. When seen, there was cervical spine tenderness and bilateral knee tenderness with swelling. MRI scans were requested for the evaluation of persistent pain. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no physical examination finding or recent x-ray result that would support the need to obtain an MRI. Therefore, an MRI of the knee is not medically necessary.

MRI without contrast Cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2008 and is being treated for ongoing pain. When seen, there was cervical spine tenderness and bilateral knee tenderness with swelling. MRI scans were requested for the evaluation of persistent pain. Applicable criteria for obtaining an MRI of the cervical spine include neck pain with radiculopathy, if severe, or the presence of progressive neurologic deficit. In this case, there are no physical examination findings of cervical radiculopathy and there has been no new injury. A cervical spine MRI is not medically necessary.