

Case Number:	CM15-0074912		
Date Assigned:	04/24/2015	Date of Injury:	02/15/2013
Decision Date:	06/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 is a 54 year old female, who sustained an industrial injury on 02/15/2013. She has reported subsequent neck, low back, bilateral knee and right shoulder pain and was diagnosed with protrusion of C5-C5 with radiculopathy, facet osteoarthropathy of L4-L5 and L5-S1, right ankle sprain, right foot pain and right median neuropathy. Treatment to date has included oral pain medication, application of heat, a home exercise program and physical therapy. In a progress note dated 09/02/2014, the injured worker complained of low back, bilateral knee, right shoulder and neck pain. Objective findings were notable for tenderness of the lumbar spine, decreased range of motion of the lumbar spine, positive straight leg raise on the left for pain in the foot at 35 degrees and right for pain to the distal calf at 45 degrees and spasm of the spinal musculature. A request for authorization of an MRI of the left knee was submitted to rule out internal derangement.

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 ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter.

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 for an injury of February 2013. The MRI of the left knee is not medically necessary and appropriate.