

Case Number:	CM15-0079927		
Date Assigned:	04/30/2015	Date of Injury:	09/21/2007
Decision Date:	06/09/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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 59-year-old male, who sustained an industrial injury on 9/21/07. He reported back, hands and neck injury. The injured worker was diagnosed as having epicondylitis, tendinitis of elbow, carpal tunnel syndrome, rotator cuff sprain, stress/anxiety and status post wrist and shoulder surgery. Treatment to date has included shockwave treatment, cognitive behavioral treatment, oral medications, trigger point injections and surgery of wrist and shoulder. Currently, the injured worker complains of neck pain, decreased range of motion, right shoulder pain and weakness, left elbow decreased range of motion, pain, numbness and weakness and right knee spasms, weakness, decreased range of motion and locking. Physical exam noted pain with cervical range motion, lumbosacral range of motion, left elbow range of motion and bilateral knee pain. The treatment plan included right knee injection, physical therapy and trigger point injections.

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. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Knee & Leg, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation ODG Guidelines, Knee and Leg Chapter, Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 09/21/07 and presents with bilateral knee pain. The request is for a MRI OF THE LEFT KNEE. There is no RFA provided and the patient is currently working. The 03/09/15 report indicates that the patient's "most recent MRI was in 2012 which is not available for review." ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. The patient is diagnosed with bilateral knee internal derangement. Regarding the left knee, there is medial and lateral joint line tenderness, a positive McMurray's test, and a positive squat test. In this case, the patient already had MRI's done in 2012 and the treater does not discuss why another set of MRI's are needed. There is no evidence of new injury, significant change in clinical presentation, or any red flags. The patient is not post-op either. The request IS NOT medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Knee & Leg, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation ODG Guidelines, Knee and Leg Chapter, Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 09/21/07 and presents with bilateral knee pain. The request is for a MRI OF THE RIGHT KNEE. There is no RFA provided and the patient is currently working. The 03/09/15 report indicates that the patient's "most recent MRI was in 2012 which is not available for review." ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. The patient is

diagnosed with bilateral knee internal derangement. Regarding the left knee, there is medial and lateral joint line tenderness, a positive McMurray's test, and a positive squat test. In this case, the patient already had MRI's done in 2012 and the treater does not discuss why another set of MRI's are needed. There is no evidence of new injury, significant change in clinical presentation, or any red flags. The patient is not post-op either. The request IS NOT medically necessary.