

Case Number:	CM15-0092147		
Date Assigned:	05/18/2015	Date of Injury:	09/27/2013
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a 46-year-old who has filed a claim for bilateral knee, low back, mid back, and left shoulder pain reportedly associated with an industrial injury of September 27, 2013. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve request for MRI imaging of the left and right knees. RFA forms of February 4, 2015 and April 10, 2015 were referenced in the determination, as was a progress note dated January 21, 2015. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant reported ongoing complaints of low back, bilateral knee, mid back, and left shoulder pain. The note was somewhat difficult to follow as portions of the note stated that the applicant had "bilateral" shoulder pain complaints while another section of the note stated that the applicant had "left" shoulder pain complaints. 7/10 pain was reported. One section of the note stated that the applicant had returned to work in an alternate capacity. Other section of the noted stated that the applicant had gained 50 pounds over the preceding year and was having difficulty engaging in recreational activities, socializing with his family, dressing, grooming himself, and performing childcare. The applicant apparently exhibited tenderness about the lateral knee joint lines with some knee crepitation. MRI imaging of the left shoulder, bilateral knee MRIs, 12 sessions of physical therapy, and regular duty work were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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): 335-336.

Decision rationale: No, the request for MRI imaging of the right knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 does acknowledge that MRI imaging can be employed to confirm a variety of diagnoses, including meniscus tear, collateral ligament tear, cruciate ligament tear, patellar tendonitis, etc., ACOEM qualifies its position by noting that such testing is indicated only if surgery is being contemplated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the right knee based on the outcome of the study in question. Rather, it appeared that the attending provider was intent on obtaining MRI imaging of multiple body parts, namely the right knee, left knee, and left shoulder, for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. The requesting provider, furthermore, was a pain management physician, not a knee surgeon, further reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

MRI of the 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): 335-336.

Decision rationale: Similarly, the request for MRI imaging of the left knee was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 does acknowledge that MRI imaging can be employed to confirm a variety of diagnoses involving the knee, including suspected meniscus tear, collateral ligament tear, cruciate ligament tear, patellar tendonitis, etc., in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. ACOEM qualifies its position by noting that such testing is typically indicated only if surgery is being contemplated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured knee based on the outcome of the study in question. Rather, it appeared that the attending provider, a pain management physician, was intent on ordering MRI imaging of numerous body parts for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The fact that the requesting provider was a pain management physician as opposed to a knee surgeon significantly reduced the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.