

Case Number:	CM15-0092875		
Date Assigned:	05/19/2015	Date of Injury:	09/14/2014
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker was a 51 year old female, who sustained an industrial injury, September 14, 2014. The injured worker previously received the following treatments Ultram, Protonix, Fexmid, 8 physical therapy session for the lower back, cervical spine MRI, lumbar spine MRI, lumbosacral x-rays, pelvis x-rays, thoracic spine x-rays, random toxicology laboratory studies were negative for any unexpected findings and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities showed abnormal nerve conduction of the bilateral lower extremities suggestive of diffuse polyneuropathy and bilateral chronic active L5 radiculopathy. The injured worker was diagnosed with cervical spine strain/sprain, lumbar disc bulge and bilateral knee sprain/strain and rule out internal derangement. According to progress note of April 8, 2015, the injured workers chief complaint was neck pain with headaches, low back pain with radicular pain into the bilateral lower extremities and bilateral knee pain. The injured worker rated the pain at 7 out of 10, depending on the activity. The headaches caused dizziness. The physical exam noted tenderness in the medial joint lines of the bilateral knees. There was positive McMurray's test bilaterally. There was tenderness over the patellar region, intrapatellar tendon and popliteal fossa, bilaterally. The treatment plan included bilateral knee MRIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for bilateral knees x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging bilateral knees X 2 is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are non-diagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the diagnoses are cervical spine sprain/strain with radiculitis; lumbar spine disc bulge; bilateral knee sprain/strain rule out internal derangement. The injured worker complains of low back pain that radiates to the lower extremities. Subjectively, according to an April 8, 2015 progress note, the injured worker complains of bilateral knee pain. Pain is 7/10 on the VAS pain scale. Objectively, there is tenderness in the medial joint line the bilateral knees. There is a positive McMurray's test bilaterally. There was 2+ tenderness over the patella region, infra patella tendon and popliteal fossa. There are no plain radiographs of the right and left knees. A QME was performed January 8, 2015. Subjective complaints included neck, low back and right lower leg pain. There were no objective physical findings referable to the right and left knees. There were no diagnoses including the right and left knees. Consequently, absent clinical documentation with plain radiographs and inconsistent documentation between the qualified medical examination (QME) and the progress note dated April 8, 2015, no plain radiographs of the right and left knees, magnetic resonance imaging bilateral knees X 2 is not medically necessary.