

Case Number:	CM14-0141907		
Date Assigned:	09/10/2014	Date of Injury:	12/08/1997
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female who was injured in work-related accident December 8, 1997. The clinical records provided for review documented diagnoses of progressive fatigue, low back pain, neck pain and bilateral knee pain. The report of an MRI of the injured worker's left knee dated March 3, 2014 identified joint diffusion and degenerative changes of the patella. There was a small osteophyte formation of the medial femoral condyle and a signal change to the medial meniscus. The clinical report of June 3, 2014 described continued complaints for which the injured worker was utilizing medication management. The injured worker was documented to have frequent falls, imbalance and vertigo with increased complaints of dizziness, headaches and right greater than left knee pain. Physical examination findings showed tenderness of the bilateral knees diffusely with no other specific findings on knee examination noted. From a neurologic standpoint, examination revealed diminished ankle dorsiflexion and weakness bilaterally, tenderness over the temporomandibular joint, bilateral "frontal" tenderness and positive Romberg's test. Based on the injured worker's neurologic findings and continued knee complaints, the recommendation was made for MR arthrogram of the bilateral knees and an MRI of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrogram left knee MRI left knee with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Knee & Leg procedure last updated 6/5/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341, 343.

Decision rationale: Based on California ACOEM Guidelines, an arthrogram of the left knee with contrast is not recommended as medically necessary. The medical records document that the claimant had a recent MRI of the left knee on March 3, 2014. There is no documentation to indicate that the claimant has had a change in the physical condition, examination, or had a new injury of his left knee. The medical records do not describe how the results of the arthrogram would change the claimant's current treatment plan. The March, 2014, left knee MRI has already established a diagnosis of underlying degenerative arthritis. The claimant's physical examination findings showed no mechanical symptoms or instability. Therefore, further imaging of the claimant's left knee would not be indicated.

Arthrogram right knee MRI with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Knee & Leg procedure last updated 6/5/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341, 343.

Decision rationale: Based on California ACOEM Guidelines, the request for an arthrogram of the right knee with contrast is not recommended as medically necessary. The medical records describe that the claimant has diffuse tenderness on examination of the right knee with no other clinical findings. Therefore, the claimant's physical examination fails to necessitate the need for imaging to the right knee. There is no documentation of mechanical symptoms or instability. The claimant's current clinical presentation including lack of examination findings would fail to necessitate the need for further imaging in regards to the claimant's right knee at this time.

MRI OF THE BRAIN WITH/WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Head Procedure Summary last updated 6/9/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: head procedure MRI (magnetic resonance imaging)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for an MRI of the brain would not be supported. The claimant has complaints of dizziness and headaches but there are no physical examination findings indicative of a neuropathic or neurologic process to point to the claimant's brain as acute source of injury. Without documentation of a functional deficit on physical examination, the request for an MRI scan of the brain would not be supported by the Official Disability Guideline criteria.