

Case Number:	CM17-0001064		
Date Assigned:	01/06/2017	Date of Injury:	11/08/2016
Decision Date:	02/01/2017	UR Denial Date:	11/30/2016
Priority:	Standard	Application Received:	12/30/2016

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 47-year-old male with a history of an occupational claim from 11/08/2016. The mechanism of injury is detailed as a fall. The current diagnosis is documented as sprain of unspecified site of the right knee. The clinical note dated 11/16/2016 indicated that the patient complained of discomfort in his left anterior knee, right anterior knee and lumbar area. He rated his pain as 7/10. Physical examination findings revealed 95° of flexion to the left knee and 100° of flexion to the right knee. Extension was 0° to the bilateral knees. Past treatment included medications and rest. The treatment plan included MRIs of the bilateral knees, physiotherapy 3 x 2 to the bilateral knees and lumbar spine, continuing medication as prescribed, urine drug screening, and following up in 45 days. An MRI of the left knee dated 12/08/2016 indicated chondromalacia of the medial and lateral articular margins of the patella. There was bright signal of the quadriceps tendon on the superior aspect of the patella, which may represent intrasubstance tear or sprain of this structure. Prior review dated 11/30/2016 denied the request for MRI of the right and left knee, due to the fact that there was a lack of documentation of conservative care coupled with limited examination findings to support an MRI. The request for urine drug screen was denied, due to the fact there was no clear indication for long-term medication use for a sprain diagnosis. A request for authorization form dated 12/16/2016 was submitted for MRI of the right knee, urine drug testing, and MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improved quickly once any red flag issues were ruled out. The documentation submitted for review failed to provide evidence of a true attempt at conservative care other than activity restrictions and use of medications. Although a lack of range of motion was noted upon physical examination, there was no evidence of instability or clear indication of red flags to warrant imaging at this time. As such, the medical necessity of the request is not established. Therefore, the request for "MRI right knee" is not medically necessary.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.6 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of Urine Drug Testing (UDT).

Decision rationale: California Medical Treatment Utilization Schedule Opioid Treatment Guidelines state that urine drug screens should be performed at least 2 times a year in all patients on chronic opioid treatment and up to 4 times a year, as warranted, especially for those taking doses greater than 80 mg/day MED. The documentation submitted for review noted that as of the 11/16/2016 clinic visit, the patient was not utilizing opioids, but was prescribed anti-inflammatories, muscle relaxants, and topical lidocaine instead. There was no indication for a long-term need for medications for which a baseline toxicology screen would be recommended. As such, the medical necessity of the request is not established. Therefore, the request for "Urine drug testing" is not medically necessary.

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improved quickly once any red flag issues were ruled out. The documentation submitted for review failed to provide evidence of a true attempt at conservative care other than activity restrictions and use of medications. Although a lack of range of motion was noted upon physical examination, there was no evidence of instability or clear indication of red flags to warrant imaging at this time. In addition, the patient had an MRI of the left knee done on 12/08/2016. It is unclear as to why a repeat study is being requested. As such, the medical necessity of the request is not established. Therefore, the request for "MRI left knee" is not medically necessary.