

Case Number:	CM13-0000700		
Date Assigned:	09/16/2013	Date of Injury:	05/01/2013
Decision Date:	02/25/2014	UR Denial Date:	06/07/2013
Priority:	Standard	Application Received:	06/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, has a subspecialty in Preventive Medicine, 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 physician 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 patient is a 37-year-old male who sustained a work injury on 5/1/13 that resulted in left knee pain while trimming trees. The pain is exacerbated by walking. An examination 2 weeks after the injury noted a positive patellofemoral grind test and given a diagnosis of chondromalacia. The patient received physical therapy and analgesics for managing his symptoms. A progress note on 6/6/13 stated the patient persists to have pain. There was no associated weakness, edema, locking, instability, etc. The physical findings that day noted a positive McMurray's - suggesting a possible meniscal tear. He was given instructions for limited walking, stopping, kneeling, squatting, lifting, etc. A magnetic resonance imaging (MRI) was ordered along with an orthopedic consultation to evaluate the knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance Imaging, any joint of lower extremity, without contrast material:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331-347.

Decision rationale: According to the ACOEM guidelines, a magnetic resonance imaging (MRI) is recommended for a suspected anterior cruciate ligament (ACL) tear. For suspected meniscal tears, without progressive activity limitations are encourage to live with symptoms to retain the protective effect of the meniscus except in those under age 35. Arthroscopic and meniscus surgery are recommended for those exhibiting degenerative signs. In this case, the symptoms and injury are within a month of the injury. There was no plain x-ray result to suggest degenerative changes. Furthermore, the MTUS/ACOEM identifies red flag symptoms such as fracture, dislocations, septic joint, tumors, infection, compartment syndrome, etc. that would warrant special radiologic imaging. Otherwise, 4-6 weeks of conservative care is recommended. In this case, an MRI was ordered without red flag symptoms and within short time frame of the injury- not allowing for failure of conservative care. As a result an MRI is not medically necessary.