MAXIMUS Federal Services

Case Number:	CM13-0000776		
Date Assigned:	02/26/2014	Date of Injury:	04/19/2013
Decision Date:	06/09/2014	UR Denial Date:	05/28/2013
Priority:	Standard	Application Received:	06/20/2013

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 Internal Medicine and is licensed to practice in Maryland. 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:

Claimant was a 59-year-old male who was being seen for right knee pain. His date of injury was April 19, 2013. The mechanism of injury was twisting his torso after lifting up a pipe in front of him and twisting his torso to place it beside him, which resulted in a sharp pain in his right knee and a popping sound in his right knee. His past medical history included GERD. He was evaluated in an emergency room the same day and was found to have decreased range of motion, patellar tenderness, tibial tuberosity tenderness and valgus laxity at 30Â° flexion. A plain radiograph of knee was done. He was given Motrin and knee immobilizer was applied. Subsequently he was seen by the primary treating provider on April 26, 2013. His subjective complaints included pain in right knee. On examination he was found to have tenderness in lateral collateral ligament the right knee joint with a negative anterior or posterior drawer sign and negative Thessaly test. His diagnoses included lateral collateral ligament sprain. He was recommended to have x-ray of right knee, brace for right knee, Motrin and was referred to an orthopedic surgeon. He was recommended to modify his activities to minimize use of right knee joint. Subsequently he was seen on 10 May 2013 by the primary treating provider. He was noted to have pain in right knee. His examination at that time showed tenderness on both collateral ligaments of right knee joint without swelling or bruises. He was found to have negative anterior and posterior drawer signs and negative Thessaly test. His diagnoses at the time included right knee collateral ligament sprain, rule out tear. His treatment plan included MRI of the right knee joint, orthopedic surgeon referral, Motrin and brace for right knee joint. He was advised to continue modified work duty. Request is for MRI of the right knee joint.

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 ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-352.

Decision rationale: According to MTUS guidelines, special studies are not needed to evaluate most knee complains until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues were ruled out. Reliance only on imaging studies to evaluate for sources of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began. Also for isolated collateral ligament tears non-operative management is recommended. In addition MRI is a recommended to determine extent of ACL tear preoperatively and is not recommended for ligament collateral tears. In this particular case, the mechanism of injury was twisting. There were no red flags for fracture, dislocation, infection, inflammation, neurologic or vascular compromise. Plain x-rays were done at the emergency room, the results of which are not available. There is no documentation of effusion, giving way episodes or falls while walking. The anterior and posterior drawer signs are negative making likelihood of ACL tears unlikely. There is also no further documentation of ligament instability. He also had been treated for less than 4-6 weeks with conservative management. Given the lack of red flags, lack of signs of knee joint instability on physical examination and lack of documentation of failure to improve with conservative management (activity modification, home exercises), the medical necessity criteria for MRI of the knee has not been met according to the guidelines.