

Case Number:	CM13-0003758		
Date Assigned:	03/21/2014	Date of Injury:	03/24/2000
Decision Date:	04/29/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 54 year-old female with date of injury of 03/24/2000. Per treating physician's report 05/13/2013, the presenting symptoms are increasing neck pain and headaches, right knee pain with swelling, low back pain, bilateral lower extremity pains. The interim history is the patient is not working and the last physical therapy was over 6 months ago. The patient is using a single point cane which is broken and has been given a home cervical traction unit which has also worn out and is no longer functioning. The listed diagnoses are: 1. Cervical/strain sprain. 2. Status post right subacromial decompression. 3. Status post right carpal tunnel release. 4. Left carpal tunnel syndrome. 5. Status post lumbar laminectomy, discectomy. 6. Bilateral popliteal artery surgeries. 7. Status post left carpal tunnel release. Recommendation was for MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- TWC 2013, KNEE/LEG, MAGNETIC RESONANCE IMAGING (MRI)

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

Decision rationale: This patient presents with chronic neck pain, headaches, and increased right knee pain with swelling over the past month. The patient has had constant low back pain with bilateral leg pains. The treating physician has asked for MRI of the right knee with the examination showing 3+ tenderness in the medial joint line with positive medial McMurray's, 1+ crepitus on movement, soft tissue thickening about the right knee when compared to the left. Despite review of 308 pages, there is not a single mention of the MRI of the right knee. There was an MRI of the left knee performed on 07/10/2000. ACOEM Guidelines may address a subacute situation. This patient has chronic right knee pain. ODG Guidelines do recommend MRI evaluation for possible internal derangement. This treater is concerned about the patient's meniscal tear and other internal derangement issues based on physical examination. Recommendation is for authorization.