

Case Number:	CM13-0012017		
Date Assigned:	07/25/2014	Date of Injury:	06/26/2013
Decision Date:	09/17/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/15/2013

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 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 53-year-old male who sustained work-related injuries on June 26, 2013. He has a history of prior left knee injury requiring orthoscopic surgery for a meniscus tear. Per medical records dated July 9, 2013, the injured worker stated that he slipped off a pallet and hit his left knee on the corner of a crate. The pain was initially bearable but had increased with repetitive kneeling and squatting. He described his pain as moderate and dull which was worsened with walking. His current medications include Vytorin and zolpidem. A left knee examination showed moderate tenderness over the medial and lateral aspect. The Varus test caused pain. The x-rays were normal. He was provided with a muscle rub 3 ounces #1, Tylenol 500 milligrams, and Naprosyn 550 milligrams. Physical therapy three times per week for two weeks was also provided. He was diagnosed with contusion 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 of the Left 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): 341,343.

Decision rationale: Per recent medical records dated July 9, 2013, the physical examination findings indicate normal findings except for moderate tenderness and positive varus testing. These findings are not indicative of any red flags that would warrant a magnetic resonance imaging scan of the left knee. The documentation also indicates that the injured worker had four physical therapy sessions but results were not provided. Also, there is an indication that the provider withdrew this request as per a phone consult made and documented on July 23, 2013. Therefore, the clinical presentation of the injured worker does not satisfy evidence-based guidelines, and the medical necessity of the requested magnetic resonance imaging scan of the left knee is not established. The request is not medically necessary.