

Case Number:	CM13-0020463		
Date Assigned:	10/11/2013	Date of Injury:	07/28/2013
Decision Date:	01/03/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/05/2013

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 Occupational 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.

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 42 year old injured worker with a date of injury of 7/28/13. The patient has been treated with the following: Analgesic medications; a knee support; topical applications of heat and cold; attorney representation; unspecified amounts of physical therapy; and work restrictions. In an August 12, 2013 Utilization Review Report, the claims administrator denied a request for an MRI of the left knee and an orthopedic knee surgery consultation. A clinical note dated September 13, 2013 reports that the patient's status has not changed, is on modified duty, and exhibits medial and lateral knee pain without locking or clicking. The patient is obese with BMI of 28 and is using Tylenol and Motrin for pain relief. Muscle strength is noted to be 5/5, range of motion is normal and negative McMurray sign is noted. There is no muscle atrophy. Cruciate ligaments are intact. The patient has returned to modified duty work and asked to continue medications. The actual knee MRI dated August 23, 2013, is notable for small knee joint effusion, slight patellar tilt, subchondral edema, meniscal degeneration with no evidence of a tear, and intact cruciate and collateral ligaments. An earlier note of August 1, 2013, is notable for comments that the patient presented with knee pain, 6/10. The patient denied weakness, but did report pain with motion, and denied clicking and locking. A McMurray sign was positive. Knee range of motion is well-preserved. 5/5 strength was noted. The patient was asked to remain off of work, obtain a knee MRI, and consult an orthopedic knee surgeon.

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 without contrast.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The Physician Reviewer's decision rationale: According to the ACOEM/MTUS, Knee Complaints, most knee problems improve quickly once any red-flag issues are ruled out. The medical records provided for review reflects no evidence of red-flag issues for which early Magnetic resonance imaging (MRI) was indicated. As noted in the progress notes referenced above, the employee did seemingly improve with time. Additionally, the ACOEM/MTUS Guidelines in chapter 13, Table 13-6 do endorse MRI imaging in the preoperative evaluation of ACL tears, but in this case there was no clear clinical evidence or suspicion of an ACL tear for which MRI imaging was indicated. As noted previously, the employee did and was seemingly improving favorably and responding appropriately to time, medications, bracing, and other conservative measures. The request for MRI of the left knee without contrast is not medically necessary and appropriate.

Consultant and treatment with a Orthopedist.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The Physician Reviewer's decision rationale: According to the ACOEM/MTUS, Knee Complaints, referral for surgical consultation should be reserved for those applicants with activity limitations greater than one month who fail to increase range of motion and strength of the musculature around the knee through exercise programs. The medical records provided for review reflects that the employee is responding favorably to conservative measures, including time, medications, bracing, and physical therapy. The employee's work restriction and work status is seemingly improving from visit to visit. There is no evidence of a lesion which might be amenable to surgical correction uncovered on MRI imaging. As noted above, the MRI imaging was largely negative. The request for consultant and treatment with an Orthopedist is not medically necessary and appropriate.