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| Case Number: | CM13-0021613 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 11/27/2011 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 Physical Medicine & 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 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 reports a date of injury of 11/27/2011. According to report, dated 06/25/2013 by ■■■■■, patient presents with lower back and knee pain. On examination, right knee was tender to palpation over medial and lateral joint lines. ■■■■■ noted positive left Apley's distraction test and compression test and 5- to 5/5 on bilateral knee flexors and extensors. Patient has decreased sensation to light touch over right lateral leg, dorsum of right foot and right posterior lower leg. MRI of the left knee, dated 07/16/2013, shows fracture of the posterior horn of the lateral meniscus, as well as degenerative changes, grade 3 to 4 chondral change. The report dated 08/19/2013 indicates patient's right knee pain has been increasing, with clicking, although no locking. ■■■■■ states pain may be partially because the patient is weight bearing slightly more on the right due to left knee pain. Request is for an MRI of the right knee due to pain and instability and to rule of lateral meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC.

Decision rationale: [REDACTED] is requesting an MRI of the right knee due to pain and instability and to rule of lateral meniscal tear. Medical records confirm patient injured his lower back and left knee when a piece of luggage fell on him. Left knee MRI dated 07/16/2013 confirmed fracture of the posterior horn of the lateral meniscus. Reports dated 06/25/2013 and 08/19/2013 indicate that the patient has tenderness and pain over right knee. ACOEM guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. The patient's right knee complaints are not a result of acute trauma and a period of conservation care for the right knee should be addressed before an MRI.