

Case Number:	CM13-0027315		
Date Assigned:	03/14/2014	Date of Injury:	04/26/2012
Decision Date:	04/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 patient was injured when the surface she was walking on was not level, causing her to twist her knee. The patient has sustained multiple falls onto her knees. 8/19/13 progress report indicates increased severe pain in the right knee, described as 10/10. Physical exam demonstrates left knee tenderness over the medial and lateral joint lines, positive McMurray test, and positive Apley test. There is left knee weakness. There is documentation of a previous left knee MRI on 6/15/12 demonstrating mild chondral thinning at the weight-bearing surface of the medial compartment with areas of chondral fissuring. There is degenerative signal in the posterior horn and body of the lateral meniscus with a blunted appearance. The patient underwent left knee arthroscopy, partial medial and lateral meniscectomy, abrasive chondroplasty was on 7/10/12. Treatment to date has included physical therapy, left knee arthroscopy, and activity modification. There is documentation of a previous adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRIs FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, MRI.

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. However, the most recent physical exam of the right knee was unremarkable. While the left knee was symptomatic, there is no clear rationale to perform bilateral knee MRI's at this stage. While interval falls were described, there is no clear evidence of a change or progression in the patient's objective findings. Therefore the request was not medically necessary.