

Case Number:	CM13-0027585		
Date Assigned:	01/10/2014	Date of Injury:	03/27/2013
Decision Date:	03/20/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Rehabilitation and Pain Management, 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 is a 59-year-old male with date of injury of 03/27/2013. The listed diagnoses per [REDACTED] dated 07/26/2013 are: 1. Contusion of the left knee. 2. Contusion of the right knee. According to progress report dated 07/26/2013 by [REDACTED], the patient complained of worsening pain in the left knee. He rates his pain at 4/10 to 7/10. The right knee is still doing well post-injection. He has not gone back to physical therapy recently. He is doing modified duty and is tolerating it well. Examination of the bilateral knees revealed no apparent swelling or increased warmth. There is no muscle atrophy. Distal sensation is grossly normal and there is no apparent effusion. Muscle strength tested 5/5 extension and 5/5 flexion. Gait observed was non-antalgic. X-ray report dated 04/12/2013 showed no acute fracture or dislocation; no significant knee joint effusion; bilateral loss of medial joint space with mild medial distal femoral subluxation compared with the proximal tibia and osteophytosis. The treater is requesting MRI for the right and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-Treatment for Workers' Compensation (TWC): MRI

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting an MRI for the right knee. Utilization review dated 08/27/2013 denied the request due to examination showing muscle strength of 5/5 with no apparent swelling and because the patient had not completed his physical therapy sessions. ACOEM Guidelines page 341 and 342, regarding MRI of the knees, states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Progress report dated 11/22/2013 by [REDACTED] shows that the patient has increasing pain and is now stumbling a lot. By this date, the patient is taking 12 pills of tramadol a day and hydrocodone for sleep. He is currently not working because there is no modified duty available. The patient has utilized heat/ice, medications, a short trial of physical therapy, and failed injections. Review of the reports show that the patient has not had any MRI's yet. In this case, the patient has tried and failed conservative treatments for the knee but still remains symptomatic. Persistent symptomatic knees despite conservative treatments raise the concern for internal derangement. Recommendation is for authorization.

Left knee MRI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-Treatment for Workers' Compensation (TWC): MRI

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting an MRI for the left knee. Utilization review dated 08/27/2013 denied the request due to examination showing muscle strength of 5/5 with no apparent swelling and because the patient had not completed his physical therapy sessions. ACOEM Guidelines page 341 and 342, regarding MRI of the knees, states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Progress report dated 11/22/2013 by [REDACTED] shows that the patient has increasing pain and is now stumbling a lot. By this date, the patient is taking 12 pills of tramadol a day and hydrocodone for sleep. He is currently not working because there is no modified duty available. The patient has utilized heat/ice, medications, a short trial of physical therapy, and failed injections. Review of the reports show that the patient has not had any MRI's yet. In this case, the patient has tried and failed conservative treatments for the knee but still remains symptomatic. Persistent symptomatic knees despite conservative treatments raise the concern for internal derangement. Recommendation is for authorization.