

Case Number:	CM13-0036616		
Date Assigned:	12/13/2013	Date of Injury:	04/02/2012
Decision Date:	04/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This patient is a 34-year-old male who sustained a left knee injury, as well as arm trauma, as result of a motor vehicle accident on April 2, 2012 in which he was hit by a tornado while driving a tractor trailer. At the time of his accident, he suffered a complex soft tissue injury to the left upper extremity. With persistent retained foreign bodies, he developed a left ulnar neuropathy; which subsequent electromyography (EMG) studies supported. He also underwent a left ulnar nerve transposition in attempt to correct, but was essentially unsuccessful and left wrist median neuritis. His utilization review dated Oct 7, 2013 references a physician progress noted dated 9/17/13 with documented physical examination findings supporting the diagnosis of an internal derangement of his left knee. The patient subsequently underwent the requested MRI on Oct 8th 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335. Decision based on Non-MTUS Citation The American College of Radiologists, Appropriateness Criteria for MRI of the knee

Decision rationale: Meniscal disorders, as well as all forms of internal derangement of the knee, are diagnoses indicated for the obtainment of a knee MRI. However, following a thorough review of the provided medical record, I found evidence of left elbow and shoulder trauma as result of the motor vehicle accident the employee was involved in. Additionally, the utilization review (UR) references a physician progress note dated 9/17/13 and I found no such note within the documentation provided. As a result of lacking documentation supporting the left knee derangement associated with the motor vehicle accident of April 12, 2012 and lack of documentation of physical examination findings of positive provocative testing revealing a possible internal derangement of the left knee; as the referenced physician progress note is not available for review, I find the requested MRI medically unnecessary.