

Case Number:	CM13-0037455		
Date Assigned:	12/13/2013	Date of Injury:	11/07/2012
Decision Date:	03/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 10, 2013, the claims administrator denied a request for MRI imaging of the injured knee, citing non- Chronic Pain Medical Treatment Guidelines Official Disability Guidelines, although the Chronic Pain Medical Treatment Guidelines does address the topic at hand. The applicant's attorney later appealed. A clinical progress note of September 25, 2013 is notable for comments that the applicant is having episodic painful locking about the injured knee. He exhibits an antalgic gait. He is limping. He has a positive McMurray maneuver. Physical Therapy and MRI imaging are sought. Later notes of October 7, 2013 and October 11, 2013 are again notable for comments that the applicant has a positive provocative testing, including a positive McMurray maneuver, painful range of motion about the knee, difficulty with standing and walking, and an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee MRI: Overturned

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 Page(s): 341-343.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines-adopted ACOEM Guidelines in chapter 13 table 13-5, MRI imaging is scored a 4/4 in its ability to identify and suspected knee meniscal tears, as appears to be present here. In this case, the applicant's knee pain, complaints of locking, clicking, popping, positive McMurray maneuver, etc., all call into question suspected meniscal pathology for which MRI imaging is, per ACOEM table 13-5, the goal for standard test. Accordingly, the request is certified as written.