

Case Number:	CM13-0041398		
Date Assigned:	12/20/2013	Date of Injury:	06/02/2013
Decision Date:	04/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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 applicant has filed a claim for knee, wrist, and ankle pain reportedly associated with an industrial injury of June 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and chiropractic manipulative therapy; and several weeks off of work. In a utilization review report of September 12, 2013, the claims administrator denied a request for knee MRI imaging, citing illegible records. The applicant's attorney subsequently appealed. A clinical progress note of July 16, 2013 is quite sparse, difficult to follow, is a doctor's first report (DFR) with a new primary treating provider (PTP) and is notable for ongoing complaints of knee and wrist pain. Large portions of the note are difficult to follow. MRI imaging of the knee and wrist were ultimately ordered, however. A subsequent November 5, 2013 progress note is notable for comments that the applicant reports persistent knee, wrist, and foot pain. The applicant is placed off of work, on total temporary disability. The primary treating provider (PTP) does acknowledge that both the wrist and knee MRIs performed were unremarkable.

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): s 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 335-336. Decision based on Non-MTUS Citation and Table 13-6, page 347

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, MRI imaging is "recommended" to determine the extent of an ACL tear preoperatively. Similarly, the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335 notes that MRI imaging can be employed to confirm diagnoses of collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear, patellar tendonitis, and/or meniscal tear in those applicants in whom surgery is being contemplated or considered. In this case, however, no clear diagnosis or differential diagnosis was attached to the request for authorization. As noted by the utilization reviewer, the documentation was sparse, handwritten, and difficult to follow. Ultimately, the MRI study in question was ultimately deemed negative. The applicant was not, in fact, actively considering or contemplating a surgical remedy. MRI imaging was not indicated, for all of the stated reasons. Therefore, the request remains not certified, on independent medical review.