MAXIMUS Federal Services

Case Number:	CM13-0044810		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2007
Decision Date:	03/10/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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, 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:

This is a 42 year-old female who was injured on 05/04/07, when she fell on her right knee while working for [redacted]. She has been diagnosed with shoulder strain; internal derangement of knee; frozen shoulder; myofascial pain; knee joint disease; abnormality of gait; shoulder impingement; and major depression, recurrent episode. The IMR application shows a dispute with the 10/16/13 Utilization Review decision. The 10/16/13 UR letter is from [redacted], and recommended against a right knee MRI; right knee immobilizer; and orthopedic surgical consult. The UR decision was based on the 9/23/13 medical report, the 9/20/13 left knee MRI, and the 1/15/13 AME report.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341-342. Decision based on Non-MTUS Citation ODG (http://odg-twc.com/odgtwc/knee.htm).

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

Decision rationale: The patient is 42-year-old, 5/2", 190 lbs, and presents with shoulder and increased knee pain. She reports getting up from bed on 9/11/13 and felt something move in her

knee, and it has been stiff, swollen, hot and painful since then. The pain is worse on the right-side, without radiation, and rated at 8-9/10. She reports locking, and 9/10 difficulty levels with walking and driving. An exam on 9/23/13 revealed that the patient was tearful and in mild distress. There is warmth and 2+ effusion of the right knee. There was also acute tenderness of the lateral joint line and patellar tendon, the right knee was with visible valgus deformity at rest. The right knee's range of motion was +10 to 110. The McMurray's was positive on the right, and the patellar compression was positive bilaterally. The physician wanted the MRI to look for osteochondral fragments under the patella and evaluate damage to the tendons. The MTUS/ACOEM Guidelines indicate that the red-flags for inflammation show physical exam findings of local effusion, heat, and pain on motion. This is consistent with the patient's right knee presentation. The guidelines recommend imaging and labs for red flags, including inflammation. The MRI requested is not a routine study, and appears to be requested in accordance with guidelines.

Right knee immobilizer: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (http://odg-twc.com/odgtwc/knee.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The 09/23/13 report documents exam findings at the right knee lateral joint line and patellar tendon. The McMurray's was positive and there were subjective complaints of joint locking. There is suspected meniscal tear and ligament strain. The MTUS/ACOEM Guidelines indicate that, "for meniscal tears, collateral ligament strain, cruciate ligament tear, "Immobilizer only if needed". The request for the knee immobilizer appears to be in accordance with MTUS/ACOEM guidelines.

Orthopedic surgical consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343-344 and 329.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The 01/29/13 report shows right knee problems with positive McMurray's. The knee pain was reported to be persistent, but on 09/11/13, the employee was getting out of bed, and when she stood up, the knee worsened, she felt something move, and the knee has been worse, more stiff, swollen, hot and painful since then. The employee has had activity limited for over a month and exercise programs failed to improve the conditions. The employee meets the MTUS/ACOEM criteria for a surgical referral.