

Case Number:	CM13-0047418		
Date Assigned:	12/27/2013	Date of Injury:	11/22/2011
Decision Date:	02/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 50 year old female sustained an injury on 11/22/11 while employed by [REDACTED]. Request under consideration include MRI of the Left Knee, without Contrast. Report of 10/8/13 from [REDACTED] noted the patient with complaints of left knee pain at 5/10 level, swelling, and weakness. The claimant is on work restrictions. After her work shift, her left knee is more swollen and 2nd and 3rd toes go numb. Exam of left knee showed active flexion to 120 degrees, passive to 125 degrees, extension 0 degrees with pain; McMurray's test positive with clicking; tenderness over the peri-patellar region and popliteal fossa; and moderate swelling. Impression included internal derangement left knee post-surgical. Treatment request include MRI of the left knee without contrast which was non-certified on 10/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Knee, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Online Version.

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

Decision rationale: This 50 year old female sustained an injury on 11/22/11 while employed by [REDACTED]. Request under consideration include MRI of the Left Knee, without Contrast. Report of 3/20/13 from orthopedist, [REDACTED] noting the patient is s/p left knee Oates, micro-fracture, and lateral release procedure on 1/16/13. Exam reported moderate effusion of left knee with well-healed incisions. Treatment plan was for physical therapy and discontinuation of knee brace. Report of 8/6/13 from [REDACTED] noted patient with left knee pain complaints. Exam has TTP of knee with swelling. Plan was to continue PT as recommended by [REDACTED], trial of acupuncture, and medication Hydrocodone continued. Report of 10/8/13 from [REDACTED], has unchanged symptom complaints and clinical findings since surgery of January 2013 without red-flag conditions or functional deterioration. Besides some complaints of swelling after a work day, there is no report of limitations, acute flare-up or new injuries. The patient continues to receive therapy with [REDACTED] and continues to perform wall squats without mention of difficulty. There is no x-ray of the left knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The MRI of the Left Knee, without Contrast is not medically necessary and appropriate.