

Case Number:	CM13-0047423		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2002
Decision Date:	03/20/2014	UR Denial Date:	10/28/2013
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 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 knee pain reportedly associated with an industrial injury of March 4, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and knee bracing. In a utilization review report of October 28, 2013, the claim administrator denied a request for MRI imaging, citing non-MTUS ODG Guidelines (not labeled), although the MTUS does address the topic. The applicant's attorney subsequently appealed. Progress note of August 7, 2013 is notable for the applicant is having spontaneous giving way of the right leg. She is 76 years old. She apparently fell and sustained injuries to other body parts. She is described as having a torn medial meniscus of the right knee attributed to cumulative trauma. It is stated that her knee issues are going to warrant surgical intervention. MRI imaging of the knee is sought. On November 7, 2013, the applicant did in fact undergo MRI imaging of the knee demonstrating a complex meniscal tear of the medial meniscus with a small articular cartilage defect.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Magnetic Resonance Imaging (MRI) of the Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As noted in Knee Complaints Chapter ACOEM Guidelines in chapter 13, table 13-2, MRI imaging can be employed to confirm the diagnosis of meniscus tear only in those individuals in whom surgery is being contemplated. In this case, the applicant was experiencing pathology consistent with a meniscal tear. She was having issues with locking, giving way, and falling, as suggested both by the attending and the prior utilization reviewer. The attending provider did state that he was actively contemplating surgical intervention for the applicant's knees. This was an appropriate indication for MRI imaging, per ACOEM table 13-2. Therefore the request is certified.