

Case Number:	CM13-0047803		
Date Assigned:	04/25/2014	Date of Injury:	07/08/2003
Decision Date:	05/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 & 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:

The injured worker is a 53-year-old male who reported an injury on 07/08/2003. The mechanism of injury was not provided in the medical records. His symptoms included pain with numbness and tingling to the right knee and complained of a clicking and popping sensation. There was noted to be a pseudo-locking sensation to the knee. The injured worker rated his pain to be a 5/10. Examination of the right knee revealed no deformity or discoloration. There were several small arthroscopic incisional wounds which were well healed and nontender to palpation. There was medial and lateral sided tenderness to palpation over the right knee. There was no pain to patellofemoral palpation and no patellofemoral crepitus. The injured worker was noted to have a normal range of motion of the bilateral knees; however, complained of pain on extreme flexion and extension of the right knee. The injured worker was diagnosed with cervical syndrome with radiculopathy, lumbosacral syndrome with sciatica, and status post right knee arthroscopic surgery. Past medical treatment included right knee surgery, 1985, 1990, and 1995; a series of epidural steroid injections into the cervical region; implantation of a spinal cord stimulator in 05/2011; physical therapy; and medications. Diagnostic studies included an unofficial MRI of the right knee, on 08/30/2013; results were not provided. An x-ray of the right knee, on 09/25/2013, revealed spurring of the superior pole of the patella. There was no evidence of fracture or dislocation seen. There was no soft tissue calcification observed. On 10/02/2013, a request for an MRI of the right knee had been made. A rationale for the requested treatment was not provided.

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): 341-343. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, KNEE AND LEG, MRI.

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

Decision rationale: According to ACOEM, special studies are not intended to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore, has no temporal association with the current symptoms. The documentation submitted for review indicated the injured worker had pain, numbness and tingling to the right knee. The injured worker complained of clicking and popping sensation at times. There was medial and lateral sided tenderness to palpation over the right knee. The injured worker was noted to have a negative McMurray's, negative Apley's, negative Lachman's, negative pivot shift, and negative Slocum test, and negative drawer test. Range of motion of the bilateral knees was noted to be normal; however, the injured worker complained of pain on extreme flexion and extension of the right knee. The documentation submitted for review also indicated the injured worker underwent a right knee MRI on 08/30/2013; however, the findings of this MRI were not provided. The documentation submitted for review failed to provide a rationale for the need of additional imaging studies. Therefore, in the absence of any red flag conditions, the request is not supported. Given the above, the request for MRI of the right knee is non-certified.