

Case Number:	CM13-0052720		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2013
Decision Date:	05/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/06/2013

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 is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of July 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. A subsequent note of December 13, 2013 was notable for comments that the MRI of the knee in question did apparently reveal an oblique tear of the posterior horn of the medial meniscus. The applicant was placed off of work, on total temporary disability, at that point. On December 23, 2013, the applicant was described as having persistent knee pain. The applicant was described as having severe, dull knee pain with associated stiffness, weakness, exacerbated by bending and squatting. A positive McMurray sign was noted with limited range of motion and 4/5 knee strength. The applicant was given a diagnosis of internal derangement of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335, MRI imaging can be employed to confirm a diagnosis of suspected meniscal tear. ACOEM goes on to note that the test is indicated only if surgery is contemplated or being contemplated. In this case, the applicant did in fact try, fail, exhaust conservative measures in the form of time, medications, physical therapy, etc. Significant signs and symptoms of internal derangement of the knee persisted. MRI imaging to more clearly delineate the same was indicated. It is further noted that the applicant did ultimately act on the results of the positive knee MRI and was described as consulting an orthopedic knee surgeon on or around an office visit of January 24, 2014. For all of the stated reasons, then, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.