

Case Number:	CM13-0053569		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2013
Decision Date:	03/20/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas. 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 patient is a 37-year-old female who reported injury on 06/12/2013. The mechanism of injury was noted to be the patient was standing in front of a monitor and as she was about to sit, the chair rolled out from under her and she fell and landed on her right arm. The patient was noted to be treated with aquatic therapy and land therapy. The patient had increased right knee pain. Objectively, the patient was noted to have mild painful motion and tenderness to the medial joint line in the right knee. The diagnoses were noted to include right knee contusion, injection times 1 provided temporary relief. The treatment plan was noted to include continued physical therapy 2 to 3 times a week for 6 weeks, continued home exercise program, continued 12 physiotherapy sessions for the cervical spine, right knee, right shoulder and right elbow and an MRI of the right knee to rule out a meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341-343.

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

Decision rationale: ACOEM Guidelines indicate that most knee problems improve quickly once red flag issues are ruled out and that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Clinical documentation submitted for review indicates the patient had tenderness to the medial joint line. There was lack of documentation of the patient's conservative care and a thorough objective physical examination to support the request. Given the above, the request for an MRI of the right knee is not medically necessary and appropriate.