

Case Number:	CM13-0054164		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2011
Decision Date:	05/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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 patient is a 56 year old female who was injured on 10/07/2011 while assisting a customer in the parking lot with groceries in a cart he twisted body and felt a pop in the back. Prior treatment history has included a total of 9 visits of physical therapy. The patient underwent examination of the left knee under anesthesia and arthroscopy of the left knee on 08/07/2013. His medications include Norco and Percocet. Diagnostic studies reviewed include MR arthrogram of the left knee dated 07/31/2013 with the following conclusion: Thin linear horizontal tear within the body of the lateral meniscus, extending to the free edge. Previous partial medial meniscectomy. The small residual body of the medial meniscus is extruded medially by 2 mm. 7 mm curvilinear Nondisplaced subchondral trabecular fracture within the aspect of the medial femoral condyle. Mild edema within the medial femoral condyle adjacent to the attachment of the MCL and mild edema within the lateral femoral condyle, possibly representing bone bruises. Severe cartilage fraying of the patella. 7.7 x 2.3 x 2.6 cm elongated multiobulated popliteal cyst, with multiple internal septations communicating with the joint. Rehabilitation progress note dated 09/24/2013 documented the patient is making gains with physical therapy in regards to strength and RANGE OF MOTION, but continues to be challenged with functional activities such as stairs, Squats, walking and balance. Recommendations: Patient would benefit from continued therapy to address range of motion and strength deficits as well as improve balance and proprioception for functional activities in the community. Progress note dated 10/10/2013 documented the patient continues to have ongoing severe left knee pain. He notes that the pain prevents him from doing most activities. He has a marked limp because of pain with walking. The patient is taking medications including Norco and notes that this does decrease the pain but has better relief in the past with Percocet, which has allowed him to perform activities such as his rehabilitation exercise. He stopped the Relafen because it was ineffective. He continues to try to do some home

exercises but is limited because of ongoing pain. Diagnoses: 1. Left knee sprain/strain. 2. Status post left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI's(Magnetic Resonance Imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG, MRI'S (MAGNETIC RESONANCE IMAGING).

Decision rationale: According to the ODG, MRI's (magnetic resonance imaging) is recommended as Soft-tissue injuries (meniscal, chondral surface injuries, and ligament us disruption) are best evaluated by MRI. The medical records document the patient had complained of left knee pain associated with swelling, the patient had history of 3 times arthroscopic intervention last one was dated 8/7/2013 and revealed extensive stage 3 chondral disease of patellofemoral compartment, medial compartment and lateral compartment. On physical examination, there was swelling with diffuse tenderness and limitation of walking. In the absence of documented clear indication of requesting MRI when there is MR arthrogram of left knee which is dated 7/31/2013. Therefore, based on guidelines and a review of the submitted documentation, the request for MRI is not medically necessary.