

Case Number:	CM13-0056269		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2011
Decision Date:	03/20/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/22/2013

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented former [REDACTED], driver who has filed a claim for chronic rib cage, mid back, knee, and shoulder pain with derivative stress, anxiety, and depression, and sexual dysfunction reportedly associated with an industrial lifting injury of January 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; adjuvant medications; antidepressant medications; extensive periods of time off work; and an 18% whole-person impairment rating. In a utilization review report of October 30, 2013, the claims administrator denied a request for knee MRI imaging. Only a portion of the utilization review report was provided. It was stated that the applicant's attending provider should not be overly reliant on the results of knee MRI imaging. The applicant's attorney subsequently appealed. In a clinical progress note of December 30, 2013, the applicant presents with persistent shoulder, rib, and knee pain. The applicant exhibits a positive McMurray's sign, crepitation about the injured knee, tenderness about the medial joint line, and 100 degrees of knee range of motion. Permanent work restrictions are again renewed. In an earlier note of November 20, 2013, it is stated that the applicant again has persistent knee pain, stands 5-foot-8-inches tall, and weighs 202 pounds; has tenderness and crepitation about the medial joint line with a positive McMurray's sign appreciated. A knee MRI was again endorsed on that date.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335, 343.

Decision rationale: The Physician Reviewer's decision rationale: In this case, the clinical presentation, including tenderness, painful range of motion testing, crepitation, positive McMurray's sign, etc., all call into question suspected meniscal pathology. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-5, MRI imaging is scored a 4/4 in its ability to identify and define suspected knee meniscal pathology, the diagnosis seemingly present here. In this case, the applicant does have longstanding knee complaints. As suggested by the attending provider, MRI imaging is indicated to confirm the diagnosis of meniscal tear, as suggested in ACOEM Table 13-2, page 335. A survey of the file suggests that the applicant has not had prior knee MRI imaging. The request for an MRI of the right knee is medically necessary and appropriate.