MAXIMUS Federal Services

Case Number:	CM13-0056313		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2012
Decision Date:	07/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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, Colorodo, Pennsylvania and 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 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 53 year old male who was injured on 07/23/2012. He sustained an injury when he drove around to pickup an outdated broken plants, he was lifting up the plants when he twisted his knee and had back discomfort. Prior treatment history has included 12 physical therapy sessions to his right knee. The patient underwent right knee arthroscopic debridement on 08/08/2013.The note dated 10/24/2013 indicated the patient continues to have the same symptoms that he had directly following the injury. He has a combination of low back pain and right leg pain. His right knee gives out from him and he has occasional episodes of right knee swelling. On examination of the right knee, he has a right antalgic gait. His right knee range of motion is 0 to120 degrees. His calf circumference is 13.5. His lower extremity examination demonstrates motor strength is 5/5 in all muscle groups. There are no other objective findings. The patient is 10 weeks status post right knee arthroscopic debridement. The note dated 10/16/2013 documented the patient has a significant work-related injury to his right knee resulting in a medial meniscal tear. He has a meniscal tear and this was debrided with resultant of very good outcome for his knee. He has continued with some increasing pain on the left knee, perhaps secondary to overuse. A MRI is requested as some of the symptomatology is similar to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for imaging -- MRI (magnetic resonance imaging).

Decision rationale: This is a 53 yr.old male who is 10 weeks post menisectomy and has persistent significant pain and an antalgic gait. The request is for an MRI of the knee. "-Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007)." Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011. "Assessment of the size of cartilage defect and healing post knee surgery is medically reasonable due to failure of the post-op rehabilitation. The CA MTUS/ODG guidelines indicate that this is a reasonable request.