

Case Number:	CM13-0056522		
Date Assigned:	12/30/2013	Date of Injury:	11/24/2009
Decision Date:	03/31/2014	UR Denial Date:	10/25/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 11/24/2009. The mechanism of injury was not provided. The physical examinations on 01/14/2013 and 10/10/2013 revealed the patient had deep tendon reflexes of 2+ in the knees, and 1+ in the ankles, but both were equal bilaterally. There was no atrophy noted in the lower extremities. The examination of the left knee revealed the patient had positive crepitus with full range of motion, anterior and posterior drawer negative, and a negative pivot shift. There was noted to be moderate tenderness along the medial joint line. On 10/10/2013, additionally it was noted the patient had an examination of the right knee, which revealed a Lachman's and drawer sign negative, but a McMurray's sign that was painful with no pop/click. The patient indicated they had pain over the anterior lateral joint line. The patient indicated he was carrying some items downstairs and during the incident, the patient felt his knee give out and the patient had to grab the handrail while falling. The patient's diagnoses were noted to include chondromalacia of the patella. The request was made for an MRI of 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 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

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

Decision rationale: ACOEM guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The most recent documentation submitted for review, dated 10/10/2013, revealed the patient was having worsening pain and a positive McMurray's that could represent an anterior lateral meniscus tear. However, there is a lack of documentation indicating if there were objective findings regarding the patient's right knee previously, as all documentation was for the left knee. Additionally, there was a lack of documentation indicating the patient had lower levels of care, including physical therapy for the right knee. Given the above, the request for an MRI of the right knee is not medically necessary.