

Case Number:	CM13-0060040		
Date Assigned:	12/30/2013	Date of Injury:	11/30/2012
Decision Date:	03/31/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 PM&R, has a subspecialty in Interventional Spine 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 patient is a 40-year-old female with date of injury 11/30/12. The treating physician report dated 11/20/13 indicates the patient continues with left lateral knee pain one year post injury. Her injury occurred when she was struck by a car in the crosswalk causing fracture to the lateral tibial plateau. Her current diagnoses is: 1. left knee pain 2. tibial plateau fracture The utilization review report dated 11/22/13 indicates denial for MRI of the left knee without contrast. The rationale for the denial is based on lack of physical examination findings to support the requested service.

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 without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with chronic left knee pain one year following being struck by a motor vehicle while walking in the cross walk. She was originally diagnosed with a lateral tibial plateau fracture with positive MRI findings dated 12/24/12 showing 1 cm

subchondral fracture of the lateral tibial plateau. The treating physician report dated 8/28/13 indicates the patient has continued left knee pain, her knee keeps giving out, and she has a hard time fully extending it with lateral pain. There is suspicion of a lateral meniscus tear. The MTUS guidelines do not address knee MRIs. ACOEM guidelines address acute/subacute issues and this patient has had chronic pain. The ODG guidelines state that repeat MRIs are only indicated if there is a need to assess knee cartilage repair tissue. The treating physician report indicates that x-ray of the left knee dated 8/28/13 are negative for any fractures, dislocations or osteoarthritis. The previous MRI scan from 12/24/12 did not show a meniscal tear. However, given the patient's persistent symptoms, particularly inability to fully extend, another set of MRI would appear reasonable. The patient's initial injury was that of a fracture. The patient's symptoms appears to have changed. The suspicion for meniscal tear is quite reasonable. Recommendation is for authorization.