

Case Number:	CM13-0060650		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2012
Decision Date:	08/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine 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 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 injured worker is a 27-year-old male who reported an injury on 09/30/2012. The mechanism of injury was pulling. His diagnoses include low back pain, radiculitis, and right knee pain. His previous treatment included chiropractic care, home exercise, physical therapy, and medications. Within the most recent clinical note dated 10/10/2013, the injured worker had complaints of low back pain, groin area, and right knee pain. The injured worker reported he felt locking of his back and shooting pain down his leg. He reported it was aggravated with bending, running, squatting, and nothing seemed to help. He reported the pain was at an 8-10/10. On examination the physician reported the injured worker's gait was guarded and sensation was intact to light touch and pin prick in all dermatomes in the bilateral lower extremities. He reported the motor strength examination of the bilateral lower extremities was 5/5, deep tendon reflexes were symmetrical, and the bilateral knee and ankle jerks were 2/4. On examination of the right knee, he reported there was no effusion, no gross deformity, or malignancy. The physician reported the right knee motion was unrestricted, the range of motion was normal bilaterally, and there was no tenderness to palpation over the lateral joint line, medial joint line, or the anterior aspect of the knee. The physician reported the McMurray's sign, posterior dorsi, and latch maneuver were negative. The physician's treatment recommendation included additional therapy and an MRI of the right knee. The rationale for the request was to see if there was any pathology in the right knee that would account for his persistent knee pain. The request for authorization was not provided in the medical records.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, 2008, KNEE COMPLAINTS, PAGES 1021-1022.

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

Decision rationale: The California MTUS/ACOM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation provided indicated the patient had unrestricted range of motion, there was no tenderness with palpation, or swelling that would support the need for an MRI. Also, it was unclear if the injured worker had failed conservative care as he was still participating in physical therapy. As such, the request for MRI of the right knee is not medically necessary.