MAXIMUS Federal Services

Case Number:	CM13-0063720		
Date Assigned:	12/30/2013	Date of Injury:	12/10/2004
Decision Date:	05/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery 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 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 claimant is a 61-year-old gentleman who was injured in a work related accident on December 10, 2004. The records provided for review included an assessment by [redacted] on November 25, 2013 that documented continued subjective complaints of right knee pain, emotional stress, sleep disturbance and respiratory issues. Specific to the right knee, there was documentation of subjective pain with popping and instability. Physical examination revealed 3 to 100 degrees range of motion with a palpable Baker's cyst, positive patellar grind and positive anterior horn medial meniscal tenderness to palpation. Diagnoses were listed as right knee intrasubstance degenerative lateral meniscal tear with horizontal tearing to the medial meniscus and a right knee joint effusion. Recommendations were to establish a diagnosis with repeat radiographs and MRI scan of the right knee to adequately treat the claimant. A prior MRI from 2010 demonstrated the claimant's meniscal pathology. There is no indication of a prior surgical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back 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) knee procedure, MRI's (magnetic resonance imaging).

Decision rationale: Based on the ACOEM Guidelines and supported by the Official Disability Guidelines, an acute right knee MRI would not be indicated. The claimant's clinical diagnosis has already been established in the form of meniscal tearing from his previous assessment without documentation of new injury, significant findings or physical findings not consistent with meniscal tearing. It is not clear from the records that surgery is being considered to support repeating the MRI for that reason. Therefore, based on the guidelines and records provided for review, an MRI of the right knee would not be indicated.

X-ray of the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg, MRIs (magnetic resonance imaging).

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, a right knee radiograph would be necessary, however. Records indicate the claimant has not had imaging in the form of plain film radiographs in years. The role of an acute right knee radiograph to further help establish the claimant's clinical picture from an osseous point of view would be warranted. This would help better define the claimant's joint spaces and give a better description of his clinical picture. The specific request would be supported.