

Case Number:	CM13-0065726		
Date Assigned:	01/03/2014	Date of Injury:	09/03/2005
Decision Date:	05/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 injured worker is a 43-year-old male who reported an injury on 09/03/2005. The mechanism of injury was not provided in the medical records. His symptoms included ongoing neck, mid back, lower back, and right knee pain. He had been using a brace for the right knee. The injured worker reported pain to the left knee and foot due to compensating for his right knee. Range of motion of the right knee was noted to be 100 degrees with flexion. The right knee was noted to have positive medial and lateral joint line tenderness. The right knee was also noted to have a positive McMurray's and pedal pulses were noted to be intact and symmetrical. The injured worker was diagnosed with neck sprain. Past medical treatment included cervical epidural steroid injection and a TENS unit. Diagnostic studies included an MRI of the cervical spine on an unknown date, and EMG/NCV on 07/27/2012. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic).

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

Decision rationale: According to ACOEM, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore, has no temporal association with the current symptoms. The documentation submitted for review indicated the injured worker had a positive McMurray's test and positive medial and lateral joint line tenderness of the right knee. However, the guidelines state special studies are not needed until after a period of conservative care. The documentation failed to provide evidence of an adequate course of conservative care such as physical therapy. Therefore, the request is not supported. Given the above, the request for MRI of the right knee is not medically necessary..