

Case Number:	CM13-0069276		
Date Assigned:	01/03/2014	Date of Injury:	09/27/2010
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 Family Practice 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 patient is a 56-year-old male who reported an injury on 09/27/2010. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with lumbar radiculopathy, history of herniated disc with laminectomy, history of arthroscopic surgery to the right knee, history of a meniscus tear, positive sign for the meniscus, right knee pain, and lumbar strain. The patient was seen by [REDACTED] on 12/12/2013. It is noted that the patient experienced right knee pain as a result of postoperative physical therapy for the lumbar spine. The patient has been previously treated with physical therapy to the right knee. The patient reports 8 out of 10 low back pain, and 7 out of 10 right knee pain. Physical examination of the right knee revealed positive meniscus sign upon lateral rotation of the lower extremity. Treatment recommendations included 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:

THE REQUEST FOR AN MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluation most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the patient was scheduled to undergo surgery in 10/2011 for the right knee. Postoperatively, the patient underwent an additional course of physical therapy for the right knee with mild improvement. There is no documentation of a recent failure to respond to conservative treatment. There is also no documentation of a significant musculoskeletal or neurological deficit. There were no plain films obtained prior to the request for an MRI. The patient's physical examination of the right knee revealed no swelling, no crepitus, and only positive meniscus sign. Based on the clinical information received, the request is non-certified.