MAXIMUS Federal Services

Case Number:	CM13-0069619		
Date Assigned:	01/03/2014	Date of Injury:	11/18/2009
Decision Date:	04/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine 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 applicant is a [redacted] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of November 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a lumbar epidural steroid injection; lumbar facet injections; an earlier left knee arthroscopy; left knee viscosupplementation injections in 2010; and extensive periods of time off of work. On September 24, 2013, the applicant presented with heightened left knee pain. The applicant was given a prescription for Motrin and asked to employ acupuncture along with the same. On September 24, 2013, the applicant's acupuncturist states that the bulk of his issues pertain to left knee pain. There is no mention made of right knee pain or right knee issues on this date. In a handwritten note of January 3, 2014, the applicant presents with 2-5/10 knee pain. The applicant only has intermittent right knee pain, it is stated. Range of motion is limited on the left knee with tenderness appreciated about the right knee. The bulk of the applicant's issues pertain to the left knee, it is stated. The note is handwritten and is admittedly difficult to follow.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-5, page 343 do score MRI imaging a 4/4 in its ability to identify and define suspected meniscal tears and suspected ligamentous tears, in this case, however, it is not clearly stated what is suspected here. The bulk of the applicant's pathology, based on the information on file, pertains to the left knee. There is comparatively little or no mention made of the right knee. It is not clearly stated that an ACL tear and/or meniscal derangement of the knee is suspected. It is not clearly stated that the applicant is intent on pursuing any kind of surgical remedy for the right knee. Therefore, the request is not certified, for all of the stated reasons.