

Case Number:	CM13-0070092		
Date Assigned:	04/18/2014	Date of Injury:	03/31/2011
Decision Date:	07/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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:

This is a 38 year old with a 3/31/11 date of injury. The exact mechanism of injury was not described. The patient had right knee pain with popping. It has not given way on him. He has occasional pain. The patient complaints of a recent increase in right knee pain. Objective exam includes tenderness over the right knee. An MRI of the right knee on 12/13/12 showed no evidence of a meniscal tear and mild osteoarthritis without a significant compromise of the joint space. There is fluid around the ACL, likely consistent with a chronic sprain. Treatment to date: activity modification, cortisone injections, medication management, physical therapy, ESWT to ankle. A UR decision dated 12/2/13 denied the request for a MRI of the right knee based on the fact that relying on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion.

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 Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The ACOEM Guidelines recommends MRIs for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, the ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. However, the patient recently had a MRI in December of 2012 that was fairly unremarkable other than very mild osteoarthritis and findings consistent with a possible chronic sprain of the ACL. There is no clear description of significant changes in the patient's chronic knee pain that would warrant a repeat MRI. There is no description of acute trauma, any other description that would suggest that the patient has acute new pathology to his knee. There is no clear description of significant functional limitations and the objective exam documented was fairly limited to the right knee, stating that there is crepitus and decreased range-of-motion. There is no evidence of instability. Therefore, the request for the MRI of the right knee was not medically necessary.