

Case Number:	CM14-0001988		
Date Assigned:	01/24/2014	Date of Injury:	05/11/2009
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; a corticosteroid injection therapy; and the apparent imposition of permanent work restrictions. A December 17, 2013 progress note was notable for comments that the applicant reported severe knee pain. The applicant is apparently seen recently in an emergency department. The applicant exhibited a visibly antalgic gait, swelling about the injured knees, tenderness about the same, and a positive McMurray maneuver. The applicant was given a corticosteroid injection. It was stated that the applicant likely has significant pathology about the knee present now. It was stated that the applicant should consult an orthopedic knee surgeon, presumably to obtain a surgical evaluation. MRI imaging was endorsed. Prescriptions for Baclofen and Norco were issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LOWER EXTREMITY W/O DYE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335, MRI imaging can be used to confirm a diagnosis of meniscal tear, but should generally be reserved for applicants in whom surgical remedy is being contemplated. In this case, the applicant is apparently considering or contemplating a surgical remedy; she is consulting an orthopedic knee surgeon. She has heightened complaints suggestive of meniscal pathology, including an antalgic gait, positive McMurray maneuver, etc. MRI imaging to clearly delineate the extent of the same is indicated. Therefore, the request is medically necessary.