

Case Number:	CM14-0002018		
Date Assigned:	05/16/2014	Date of Injury:	04/24/2012
Decision Date:	07/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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:

The patient is a 39-year-old female who has submitted a claim for internal derangement of the left knee, rule out left patellar dislocation with chondral damage associated with an industrial injury date of April 24, 2012. Medical records from 2012-2013 were reviewed, the latest of which dated December 30, 2013 revealed that the patient complains of persistent pain of the left knee with popping and giving out. The patient had a recent incident of left knee giving out (November 10, 2013) and fell, further twisting the left knee and left shoulder. An MRI of the left knee done in May 21, 2012 showed moderate chondral thinning and tendinosis; no tears of the meniscus. The treatment to date has included knee support, physical therapy, and medications, which include Tylenol #3, Vicodin and Flexeril. Utilization review from December 10, 2013 denied the request for an MRI of the left knee, because the attending physician did not provide a detailed knee examination and a differential diagnosis for the knee condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Overturned

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): 348. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRI.

Decision rationale: The MTUS/ACOEM Guidelines indicate that an MRI is recommended 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 anterior cruciate ligament (ACL) tear preoperatively. In addition, the Official Disability Guidelines criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, an MRI of the left knee was requested to evaluate instability. An MRI done in May 21, 2012 showed moderate chondral thinning and tendinosis; and no tears of the meniscus. However, there is a recent incident of left knee giving out (11/10/13), wherein the patient fell, further twisting the left knee. This recent trauma and the persistent pain of the left knee with popping and giving out may warrant further investigation by utilizing an MRI. Therefore, the request for an MRI of the left knee is medically necessary.