

Case Number:	CM14-0002689		
Date Assigned:	01/29/2014	Date of Injury:	11/08/2012
Decision Date:	06/16/2014	UR Denial Date:	12/24/2013
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 Orthopedic Surgery 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 injured worker sustained an injury in November 08, 2012. The current diagnosis is noted to be pain in the right knee, anterior joint (719.46). Mechanism of injury unreported. A request for repeat imaging studies (MRI right knee, lumbar spine) was not certified in the preauthorization process. A previous review indicated ongoing complaints of low back pain aggravated with usual activities. Abnormal sensation is reported in the Lumbar spine (L5/S1) dermatomes. A marked lack of any pertinent clinical information appears to be the reason for the noncertification. A progress note dated January 2013 noted increasing right knee pain with "clicking" however, objectively, there was no difference in the physical examination, although positive valgus stress test is noted. The assessment was a medial collateral ligament strain. An orthopedic consultation was sought. October 31, 2013 orthopedic consultation noted tenderness to the right knee, a positive patellar compression test. No other findings are identified. The assessment noted a history of previous right knee arthroscopic surgery. An MRI the right knee was obtained on February 20, 2013 noting a posterior horn of the medial meniscus tear and blunting of the free margin of the body of the medial meniscus. Multiple follow-up evaluations were completed and there was no documentation of effusion or instability. Arthroscopic surgery was completed on May 8, 2013. Postoperatively there was some increased pain and a deep vein thrombosis (DVT) was suspected. By mid-June, there was full range of motion, some swelling and a stable joint noted. Postoperative physical therapy was initiated. With the September evaluation there were ongoing complaints of difficulty in walking and pain in the knee. The October 2013 note indicates this is a 5'9", 184 pound individual in no acute distress. A light duty return to work was suggested. The clinical assessment completed in December, 2013 noted ongoing tenderness at the right knee, pain with flexion and some weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines History And Physical Examination.

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

Decision rationale: This is an individual who sustained a meniscal tear. This tear was addressed with arthroscopy. Furthermore, there are no complaints of pain, but there are no findings on physical examination to suggest anything other than has been objectified with the prior imaging study and direct visualization at arthroscopy. As outlined in the Medical Treatment Utilization Schedule (MTUS), repeat studies are not supported unless there are specific objectified findings. It is also required that there be an inability to flex the knee beyond 90° and none of these parameters are noted in the physical examination reported. Therefore, the request for MRI right knee is not medically necessary and appropriate.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines History And Physical Examination.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: This was a lower extremity injury as documented by the complaints and the initial subsequent physical examinations. The findings noted on the previous MRI indicate there is nothing in the clinical data presented to suggest any evidence or suggestion that there is vertebral body pathology compromising nerve roots. The standards noted for MRI require unequivocal evidence and objective findings of a specific nerve root compromise. Therefore, the request for MRI lumbar spine is not medically necessary and appropriate. .