MAXIMUS Federal Services

Case Number:	CM14-0005005		
Date Assigned:	01/24/2014	Date of Injury:	09/05/2013
Decision Date:	06/09/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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 an employee of [redacted] and has submitted a claim for knee/leg sprain/strain associated with an industrial injury date of September 5, 2013. Treatment to date has included oral analgesics, knee brace, cold packs, physical therapy, acupuncture and left knee steroid injection. Medical records from 2013 were reviewed and showed left knee pain graded 3/10 associated with clocking, popping, and intermittent swelling. Physical examination of the left knee showed slight limping favoring the left leg; tenderness to the anterior and medial aspect; positive anterior drawer and McMurray tests; decreased strength of flexors and extensors at 4+/5; and sensory loss over the anteromedial aspect of the left knee and lower leg. The patient was diagnosed with left knee sprain/strain and medial collateral ligament strain, rule out left knee post traumatic internal derangement. X-ray of the left knee was normal based on a progress report dated September 10, 2013. Utilization review dated January 8, 2014 denied the request for MRI of the left knee because the request for acupuncture and physical therapy of the left knee was recently approved. Furthermore, routine MRI evaluation of acute, subacute, or chronic knee joint pathology is not recommended by the guideline.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 483-485.

Decision rationale: As stated on page 483-485 of the ACOEM (2011) Knee Guidelines referenced by CA MTUS, MRI is recommended for select patients with subacute or chronic knee symptoms in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. Magnetic resonance imaging (MRI) has been widely used for diagnostic purposes in patients with knee pain, particularly for evaluating the menisci and cruciate ligaments. MRI is not recommended for routine knee imaging, but it is recommended for selected knee joint pathology, particularly suspected soft tissue pathology. In this case, the patient was diagnosed with left knee sprain/strain, medial collateral ligament sprain, rule out left knee post traumatic internal derangement corroborated by objective findings of tenderness, muscle weakness, and positive provocative tests. The guideline recommends MRI for patients with subacute knee symptoms and suspected soft tissue pathology. The medical necessity has been established. Therefore, the request for Magnetic Resonance Imaging (MRI) Left Knee is medically necessary.