MAXIMUS Federal Services

Case Number:	CM14-0005317		
Date Assigned:	01/24/2014	Date of Injury:	12/27/2012
Decision Date:	06/10/2014	UR Denial Date:	12/31/2013
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 Physical Medicine and Rehabilitation 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 is a 32 year old female with a reported injury date on 12/27/2012; the mechanism of injury was not provided. The progress report dated 11/20/2013 noted that the injured worker had complaints that included 8/10 pain to the left knee which was constant. Objective findings included grade 3 tenderness over the patellar tendon and positive McMurray's. It was noted that the injured worker underwent a MRI on 11/12/2013 which revealed a grade II signal intensity in the posterior horn of the medial meniscus without evidence of a tear, mild chondromalacic changes of the medial femoral condyle, and a small amount of joint effusion but otherwise unremarkable MRI. The request for authorization was not submitted within the available clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation as most knee problems improve quickly once any red-flag issues are ruled out. Reliance on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The guidelines also say that routine MRIs are not recommended. The medical necessity for a repeat MRI of the left knee has not been established. There is a lack of symptomatology to suggest that the injured worker would benefit from a repeat MRI as there was a lack of evidence of significant changes since the last MRI. Additionally, the rationale remains unclear as there was a lack of a documented treatment plan suggesting the need for a repeat MRI. As such this request is not medically necessary.