

Case Number:	CM14-0006103		
Date Assigned:	03/03/2014	Date of Injury:	04/22/2002
Decision Date:	06/13/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/13/2014

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 was injured on 04/22/2002. The mechanism of injury is unknown. PR2 dated 12/05/2013 indicates the patient has completed 7 sessions of aqua therapy with 1 session left. The pain is approximately rated at 4-5/10. His right knee pain is approximately a 4/10 that is sharp and stabbing in nature with each step he takes with associated catching and locking when he walks. He is taking tramadol and Flexeril with benefit. Objective findings on examination of the right knee reveal no swelling, warmth, color change; positive anterior drawer; positive McMurray. There is tenderness at the right MJL. He is non-tender at the lateral joint line. Diagnosis is ACL tear of the right knee. According to RFA dated 12/03/2013, an updated MRI of the right knee is requested. Clinic note dated 11/05/2013 reveals on exam, the right knee is positive for effusion. There is joint line tenderness medially and laterally on the right. Lachman, McMurray, Anterior Drawer, Pivot shift tests are positive on the right; Flexion rotation drawer sign is positive on the right; Valgus laxity is 2+ on the right. External rotation recurvatum and posterolateral rotary instability sign is negative bilaterally. Knee muscle strength is normal bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee: Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI.

Decision rationale: This is a request for repeat MRI of the right knee for a patient with chronic instability, effusion, locking, and catching after a fall in 2012 in which she twisted her knee. MRI on 5/21/14 reportedly showed right knee meniscus tear, ACL tear, and MCL tear, though the exact report is not provided in the available medical records. Examination on 11/5/13 by [REDACTED]. [REDACTED] of the right knee noted effusion, negative, McMurray, positive Lachman/anterior drawer/pivot shift, and 2+ valgus laxity. Right knee x-rays were essentially normal. Repeat right knee MRI was requested to "update" the prior MRI. (The patient was not felt to be a surgical candidate for right knee repair at the time given she remained in recovery from back surgery). Medical necessity for repeat right knee MRI is not established. No interval injury is documented. There does not appear to have been an interval change in the patient's symptoms. No flag conditions are suspected. Surgery may be warranted based on her latest MRI, complaints, and physical examination findings. Repeat MRI is unlikely to change the treatment plan. Therefore, the request for MRI of the right knee is not medically necessary and appropriate.