

Case Number:	CM14-0102483		
Date Assigned:	09/16/2014	Date of Injury:	05/11/2009
Decision Date:	11/03/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family 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:

This is a 43-year-old female with a 5/11/09 date of injury. The mechanism of injury occurred when she was working as a caretaker and was helping a resident get up from a wheelchair. As she lifted him, she felt a popping sensation in her neck, low back, and a pulling sensation in her right leg. According to an orthopedic consultation report dated 5/9/14, the patient reported intermittent moderate right knee pain, rated a 7/10, and concentrated along the joint line. She complained of a locking sensation where she felt that she was unable to move the right knee. She also complained of a throbbing and popping sensation. There is reference to an MRI study from 4/7/11 that showed synovial changes of the right knee. Objective findings: lateral subluxation of the patella with crepitus, antalgic gait guarding the right knee, range of motion is from 0 degrees to 95 degrees, weak quadriceps noted. Diagnostic impression: right knee strain, MRI evidence of synovial effusion, cervical spine/lumbar spine strain with radicular complaints. Treatment to date: Medication Management, Activity Modification, Physical Therapy, Epidural Steroid Injection. A UR decision dated 6/2/14 denied the request for MRI right knee. The documentation provided failed to indicate how long the patient had been experiencing the current knee pain. The documentation provided did not indicate if the patient had failed recent conservative care to include physical therapy, exercise, and medications.

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 13 Knee Complaints Page(s): 331-334.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - MRI

Decision rationale: CA MTUS recommends MRI 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 ACL tear preoperatively. In addition, ODG 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. However, in the present case, the patient has had an MRI of the right knee, which revealed synovial effusion. There is no documentation of a significant change in the patient's condition since that time. There is no documentation of an acute trauma to the knee or suspected knee dislocation. In addition, there is no documentation that the patient as to failure of conservative management. Therefore, the request for MRI Right Knee is not medically necessary.