

Case Number:	CM14-0011283		
Date Assigned:	02/28/2014	Date of Injury:	11/13/2013
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of November 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and work restrictions. In a Utilization Review Report dated January 14, 2014, the claims administrator denied a request for knee MRI imaging, stating that the applicant had not had a corticosteroid injection trial. The Utilization Review Report was extremely difficult to follow and cited MTUS and non-MTUS ODG Guidelines. The rationale was extremely sparse and comprised almost entirely of the quoted guidelines. A December 11, 2013 progress note was notable for comments that the applicant reported persistent complaints of knee pain. The applicant exhibited an antalgic gait. Knee range of motion was apparently well preserved with a negative McMurray's sign noted. Work restrictions and ibuprofen were endorsed. On January 3, 2014, the applicant presented to recheck. The applicant was still having sharp, stabbing, 5/10 knee pain. The applicant was still working restricted duty as a maintenance worker, it is stated. It was stated that the applicant's knee issues were getting gradually worse with time. Painful range of motion and an antalgic gait were appreciated. MRI imaging was sought to help evaluate for internal derangement. It was stated that MRI imaging would likely alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES. , 343

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-336.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, pages 335 and 336, MRI imaging can be used to confirm a variety of diagnoses, including meniscal tear, collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear, and/or patellar tendinitis in applicants in whom surgery is being considered or contemplated. In this case, the employee has persistent knee complaints. The employee is having difficulty returning to usual and customary work as a maintenance worker. The employee has failed to respond favorably to conservative treatment in the form of time, medications, and approximately six to eight weeks of conservative treatment with physical therapy. Knee MRI imaging to delineate the presence or absence of internal derangement is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.