

Case Number:	CM14-0112323		
Date Assigned:	09/16/2014	Date of Injury:	07/19/2008
Decision Date:	11/05/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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 46-year-old male with a reported injury on 07/19/2008. The mechanism of injury was not provided. The injured worker's diagnoses included internal derangement of the knee, the left ACL tear status post-surgery, sprain of the shoulder/arm, right, status post surgeries times 2, morbid obesity, and chronic pain syndrome. The injured worker's past treatments included surgery, medications, and home exercise program. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included left ACL tear. On the clinical note dated 06/30/2014, the injured worker complained of left knee pain with weakness rated 5/10, medications decreased pain by 50%. The injured worker had normal range of motion noted to the extremities with mild to moderate tenderness of the medial knee with mild crepitation on range of motion. The injured worker's medications included cyclobenzaprine HCL tab 7.5 mg twice a day and naproxen 550 mg twice a day. The request was for Magnetic Resonance Imaging (MRI) Left Knee. The rationale for the request was not provided. The Request for Authorization form was submitted on 07/01/2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: The request for Magnetic Resonance Imaging (MRI) Left Knee is not medically necessary. The injured worker is diagnosed with chronic pain syndrome and internal derangement of the left knee status post ACL tear surgery. The injured worker complained of left knee pain with weakness rated 5/10. The California MTUS/ACOEM Guidelines recommend MRI when there is emergence of red flags, physiologic evidence of tissue insult, or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure as needed. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. There is a lack of documentation which indicates that conservative care has failed to provide relief. The injured worker is noted to have normal range of motion to the knee. The injured worker is noted to have mild to moderate tenderness in the medial knee with mild crepitation on range of motion. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. Additionally, the requesting physician rationale for the request is not indicated within the provided documentation. The injured worker has not attended physical therapy. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. As such, the request for Magnetic Resonance Imaging (MRI) Left Knee is not medically necessary.