MAXIMUS Federal Services

Case Number:	CM14-0114094		
Date Assigned:	08/01/2014	Date of Injury:	09/19/2013
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic surgery, 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 is a 60-year-old gentleman who sustained injury to his left wrist and left knee on 09/19/13. Clinical records available for review include a 06/17/14 progress report indicating continued complaints of pain in the wrist and the knee. The knee examination revealed tears of the medial joint line and popliteal fossa with positive crepitation and McMurray's testing. There were no formal examination findings of the wrist noted at that visit. Based on claimant's continued complaints of pain, there was a request, however, for a wrist MRI scan to rule out a TFCC tear as well as request for surgical intervention in the form of a knee arthroscopy. Previous arthrogram of the knee performed on 01/27/14 showed medial meniscal tearing with evidence of osteochondral lesion to the medial femoral condyle and underlying degenerative changes to the patellofemoral compartment. There was no documentation of recent conservative care in regards to the knee. In regards to the wrist, there was no documentation of recent objective findings or previous imaging available for review. As stated, there is current request for an MRI scan of the wrist as well as surgery to include a knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - MRI's (magnetic resonance imaging).

Decision rationale: California ACOEM Guidelines and supported by the Official Disability Guidelines do not support the request for an MRI scan of the wrist. The documentation in the medical records does not contain any physical examination findings to the wrist that would support the need for further imaging. Without documentation of clinical examination findings, the acute need of an MRI scan at this chronic stage in claimant's course from injury, the request is not medically necessary.

Left Knee Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: California ACOEM Guidelines would not support the request for left knee surgery as the specific procedure to be performed is not identified. ACOEM Guidelines recommend that patients demonstrating signs of degenerative arthrosis may yield less than satisfactory results with surgical outcomes. This individual well noted to have signal changes in the medial meniscus with underlying significant chondral defect to the medial femoral compartment. Without documentation of recent conservative care, the acute need for surgical process to the left knee is not medically necessary.