

Case Number:	CM14-0123866		
Date Assigned:	08/08/2014	Date of Injury:	08/05/2013
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 66 year old female who was injured on 08/05/13 when she slipped and fell while attempting to apply floor stripper, and fell on her right hand and twisted her left knee and right shoulder. Xrays of the right wrist were noted to reveal a fracture of the distal radius and ulnar styloid. Xrays of the left knee were noted to show a moderate decrease in the medial joint space; patellofemoral joint showed a large hypertrophic spur formation; femoral tibial articulation showed large amount of hypertrophic spur formation; no significant calcification or loose bodies were seen. The injured worker reportedly has completed a course of physical therapy for the left knee and has utilized a left knee brace but continues to experience pain and swelling and a feeling of instability. On examination there was moderate tenderness under the medial subpatella facet on the left and right knee; crepitation was felt bilaterally; patella apprehension was negative; slightly positive McMurray's on the left without any definitive click; no ligamentous instability; small joint effusion and quadriceps atrophy on the left; range of motion negative 6 to 110 degrees on the left and negative 4 to 120 degrees on the right. The records indicate that the injured worker is working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Knee, MRI's (magnetic resonance imaging).

Decision rationale: Per American College of Occupational and Environmental Medicine (ACOEM), special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The records submitted for review state that the injured worker has had a course of physical therapy for the knee, but there is no comprehensive history of treatment to date including physical therapy progress notes documenting the dates and total number of therapy visits to date, modalities used, and response to treatment. Per appeal report dated 07/22/14, the request was intended to be for MRI of the left knee; however, the request as submitted for review is MRI of the right knee. Based on the clinical information provided, medical necessity is not established for Open MRI of right knee.