MAXIMUS Federal Services

Case Number:	CM14-0129121		
Date Assigned:	08/20/2014	Date of Injury:	02/03/2013
Decision Date:	10/23/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 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 represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 3, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; opioid therapy; earlier knee surgery; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated July 26, 2014, the claims administrator denied a request for left knee MRI imaging. The injured worker's attorney subsequently appealed. In a handwritten note dated May 8, 2014, the injured worker reported persistent complaints of right knee pain. An antalgic gait was appreciated with some limitation in knee range of motion. Work restrictions were endorsed. It was stated that the injured worker was considering viscosupplementation injection. In a handwritten note dated July 11, 2014, the injured worker reported persistent complaints of bilateral knee pain and low back pain. Crepitation, swelling, and a positive McMurray maneuver were appreciated about the left knee. Motrin, Norco, work restrictions, a left knee MRI, and bilateral knee x-rays were sought. The injured worker was 49 years old as of the date of the request, it was incidentally noted. In an August 18, 2014 progress note, the injured worker's former treating provider noted that the injured worker has had an MRI imaging of the left knee on May 5, 2014 notable for meniscal degeneration and/or possible tears. Right knee MRI imaging of the same date, May 5, 2014, was reportedly notable for a tear of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Images) left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of suspected meniscal tear. ACOEM qualifies the recommendation by noting that such testing is indicated only if surgery is being contemplated. In this case, however, there was/is no evidence that the injured worker is actively considering or contemplating surgical intervention involving the left knee. It is further noted that the injured worker appears to have had already-diagnostic left knee MRI imaging on May 5, 2014 which reportedly established a diagnosis of left knee meniscal degeneration and/or left knee meniscal tear. It was not clear why repeat testing was sought. The attending provider's handwritten progress note did not set forth a compelling case for repeat left knee MRI imaging. Therefore, the request is not medically necessary.