

Case Number:	CM14-0139219		
Date Assigned:	09/05/2014	Date of Injury:	05/02/2014
Decision Date:	10/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 62 year old male with an injury date of 05/02/14. Based on 07/29/14 progress report provided by [REDACTED], the patient complains of severe right knee pain. Physical examination to the right knee reveals painful and limited range of motion. Palpation reveals myospasm of the median right knee and positive Drawer's sign. Per progress report dated 07/29/14, "patient injured his right foot and low back when removing large garbage can that fell on his foot and twisted his back on 05/02/14. Patient injured his knees and back when a box of frozen tacos dropped on his knees due to ice on box and injured his back again." Treater states that "patient has severe sprain of the right knee and requires immediate conservative treatment with additional diagnostics." Patient is to return to regular work on 09/18/14. Physical therapy reports from 05/13/14 - 06/11/14 do not address the knee. The diagnosis on 07/29/14 were the following:- lumbago- pain knee/leg- pain in the ankle/foot- lumbo-sacra [REDACTED] [REDACTED] is requesting Decision for MRI of the right knee. The utilization review determination being challenged is dated 08/20/14. The rationale is: "no documented physical exam findings suggesting derangement of the knee." [REDACTED] is the requesting provider, and he provided treatment reports from 05/03/14 - 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, MRI

Decision rationale: The patient presents with severe right knee pain. The request is for Decision for MRI of the right knee. Physical examination to the right knee dated 07/29/14 reveals painful and limited range of motion. Palpation reveals myospasm of the median right knee and positive Drawer's sign. Physical therapy reports from 05/13/14 - 06/11/14 do not address the knee. ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. Per progress report dated 07/29/14, "Patient injured his right foot and low back when removing large garbage can that fell on his foot and twisted his back on 05/02/14. Patient injured his knees and back when a box of frozen tacos dropped on his knees due to ice on box and injured his back again." Treater states that "patient has severe sprain of the right knee and requires immediate conservative treatment with additional diagnostics." While the treater does not discuss concerns regarding internal derangement, given the diminished and painful range of motion, positive drawer's sign and severe sprain symptoms, an MRI would be appropriate. Review of the reports do not show that this patient has had an MRI done before. The request for MRI is of the right knee is medically necessary.