

Case Number:	CM14-0139646		
Date Assigned:	09/05/2014	Date of Injury:	07/22/2014
Decision Date:	11/05/2014	UR Denial Date:	08/11/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 29-year-old male who reported injury on 07/22/2014. The mechanism of injury was a fall. The injured worker underwent physical therapy. The documentation of 07/22/2014 revealed the injured worker had fallen and hit his left patella and knee. The injured worker had moderate pain and swelling. The injured worker was walking at work and felt a sudden pull of his distal left hamstring muscle on the date of examination. The injured worker had mild to moderate left knee pain. The injured worker had no back pain and some paresthesia down his left leg. The injured worker's medications were stated to be none. The surgical history was stated to be none. The physical examination revealed a negative anterior drawer sign, McMurray's sign, Lachman sign, and medial and collateral ligament tests that were stable. The injured worker had 1+ tenderness to palpation over the superomedial, superolateral, inferomedial, inferolateral, and popliteal fossa. The injured worker had minimal pain with flexion and extension. The diagnoses included strain: knee/leg unspecified active, fall from other slipping, tripping, stumbling active, and left strain hamstring. The treatment plan included Dendracin lotion and naproxen as well as physical therapy. The injured worker underwent an x-ray which revealed a small suprapatellar bursa effusion. The documentation of 07/28/2014 revealed the injured worker had posterior thigh pain, distal hamstring and localized tenderness. The treatment plan included continues physical therapy and an MRI if no better. The documentation of 08/01/2014 revealed the injured worker had persistent pain and discomfort and was awaiting authorization for the MRI. The injured worker had complaints of persistent pain and discomfort as previously stated. The duration was 10 days. The injured worker had 2+ tenderness in the anterior/inferior patellar joint region and inferomedial and inferolateral joint margin. The injured worker had a negative anterior drawer sign, McMurray's sign, and Lachman sign. The medial collateral ligament and lateral collateral ligament testing was stable. The

injured worker had moderate pain with flexion. The injured worker had minimal pain with extension. The injured worker indicated the mild tenderness of the distal hamstring was improved. The treatment plan included awaiting authorization for the MRI of the left knee without contrast. There was a Request for Authorization submitted for review dated 08/04/2014. However, there was no documented rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Knee with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review indicated that injured worker's injury took place 10 days prior to the request. There was a lack of documentation of a failure of conservative care. Additionally there was a lack of documentation of objective findings to support the necessity for an MRI as the injured worker's testing for instability was noted to be stable and there was a lack of positive findings with the anterior drawer sign, McMurray's sign, and Lachman sign. Given the above, the request for MRI of the left knee without contrast is not medically necessary.