

Case Number:	CM14-0139785		
Date Assigned:	09/08/2014	Date of Injury:	02/10/2013
Decision Date:	10/23/2014	UR Denial Date:	08/03/2014
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 Internal Medicine, has a subspecialty in Nephrology 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 51-year-old male who has submitted a claim for patellofemoral pain rule out fat pad impingement versus anterior meniscal tear associated with an industrial injury date of 02/10/2013. Medical records from 01/30/2014 to 08/28/2014 were reviewed and showed that patient complained of left knee pain graded 3-8/10. There was no history of knee trauma. Physical examination revealed tenderness over anteromedial joint line, normal patellar tracking, negative apprehension and McMurray's test, and no ligamentous instability. MRI of the left knee dated 08/26/2014 revealed medial meniscal tear, small posterior perimeniscal cyst, and small joint effusion. X-ray of the left knee dated 12/10/2008 was unremarkable. Treatment to date has included soft knee brace, physical therapy, and pain medications. Utilization review dated 08/03/2014 denied the request for MRI of the left knee because there was minimal information provided concerning the knee.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, the patient complained of left knee pain. However, physical exam findings did not reveal ligamentous or knee instability. There was no history of knee trauma as well. There was no diagnosis of ACL tear in the case. Hence, there is no clear indication for knee MRI. Of note, knee MRI was already accomplished on 08/26/2014 revealed medial meniscal tear, small posterior perimeniscal cyst, and small joint effusion. Therefore, the request for MRI of the left knee is not medically necessary.