

Case Number:	CM14-0142708		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2006
Decision Date:	12/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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 and Rehabilitation 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:

This 59 year old male was injured on September 20, 2006. Mechanism of injury is unknown. Diagnoses include left patellofemoral pain syndrome and left medial compartment osteoarthritis status post medial and lateral meniscectomy and chondroplasty of trochlea. On August 7, 2014, he complained of increased left knee pain in the last six months. His pain is located anterior medially and radiated to the ankle. It is associated with swelling and aggravated by bending his knee, driving, sitting and walking. Left knee x-rays demonstrate mild medial joint space narrowing on the flexion weight bearing view. The patella is centered bilaterally on the merchant view. Medications were listed in his record but as of August 7, 2014, notes stated that he is not using any medication and not doing any home exercises for treatment of his knee. His exam was significant for mild patellofemoral tenderness and mildly positive patellar compression test. He had medial joint tenderness and a negative McMurray's. The knee was stable to varus and valgus stress and the Lachman and pivot shift test were positive. The worker was released to full duty work. A left knee MRI was requested for further evaluation. He had a prior MRI documented in a physician visit in 2011 showing chondromalacia of the trochlea, partial anterior cruciate ligament (ACL) tear, compartment stain in the medial compartment and possible medial and lateral meniscus tears. On August 22, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee MRI closed Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the left knee. The records document a physical exam with no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears and a prior MRI was obtained in the past and documented in a 2011 progress note. In the absence of physical exam evidence of red flags, a MRI of the left knee is not medically indicated.