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| Case Number: | CM14-0147987 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 11/09/2013 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 Illinois. 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 50 year old woman bus driver with a date of injury of 11/9/2013. However, there is a note in the attached documents stating the date of injury is Oct 11, 2012 at which time the worker fell and twisted her knee. She has been through a physical therapy program, home-based exercises and medications including cyclobenzaprine, meloxicam, tramadol, prednisone, omeprazole and a lidocaine patch. A magnetic resonance imaging (MRI) in April 2014 showed a medial meniscal tear of the left knee. In July 2014, she complained of left knee pain as well as right knee pain and edema. She stated the right knee pain began at the time of injury, although there is no documentation to support complaints of right knee symptoms before July 2014. The physical exam in July 2014 was significant only for tenderness of the right knee. No other exam testing was noted. The worker is all set to undergo surgery on her left knee but is concerned that her right knee will not be able to support her as she is recuperating from left knee surgery. A magnetic resonance imaging (MRI) of the right knee is requested to ascertain right knee pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, magnetic resonance imaging (MRI) is indicated to determine the extent of an anterior cruciate ligament (ACL) tear preoperatively and ligament collateral tears. The worker has documented left knee pain since November of 2013. She has right knee pain that is documented since July of 2014 by symptom only. The physical exam at that time is remarkable only for tenderness. There is no comprehensive physical examination of the right knee. There is no description of what makes the pain better and what makes it worse. There is no description of any pain scale improvement on medications compared to pain scale off medications. There is no description of the effects of the knee instability on activities of daily living and functionality. There is no physical examination of the knee that would support knee instability. There is no visual description of the knee. There is no assessment of the thigh, leg or knee bulk or tone. There is no sensory exam. There is no strength testing. There is no deep tendon reflex testing. There is no passive or active range-of-motion testing. Knee maneuvers such as the valgus, varus, posterior drawer, anterior drawer, Lachman, McMurray, Apley's compression, pivot shift, or patellar apprehension tests are not reported. There is no description of medial or lateral joint line signs. There is no assessment of crepitus or vascular integrity. There is no documentation as to why the individual would not be able to weight bear, whether it is due to knee impairment, other lower extremity impairment or back impairment. This request is not supported; therefore, a Magnetic Resonance Imaging (MRI) scan is not medically necessary.