MAXIMUS Federal Services

Case Number:	CM14-0150053		
Date Assigned:	09/18/2014	Date of Injury:	04/15/2014
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 claimant injured her knees on 04/15/14. She was moving some heavy furniture and got caught between the door of the store and hit her knees on the furniture. An MRI with 3-D rendering and interpretation is under review. An MRI dated 08/08/14 revealed mild chondromalacia of the patella and a joint effusion. There was also a horizontal oblique tear of the posterior horn and body of the medial meniscus. There was an acute or subacute nondisplaced fracture of the medial tibial metaphysis with marrow edema. The ligaments were intact. There was some marrow edema involving the medial femoral condyle region consistent with a bone contusion. The claimant attended physical therapy and reported improvement. She returned to work but had soreness after work. X-rays were negative. On 08/04/14, she had pain in both knees and difficulty with her activities. On 07/09/14, she saw [redacted] and reported ongoing improvement but with a slight recent flare up. She denied any catching, locking, or instability. Her gait pattern was normal. She could fully squat without difficulty or pain. Right knee motion was unrestricted with no crepitus in the patellofemoral joint. The patella tracked normally. Range of motion was full. The patient was asymptomatic over the medial and lateral joint spaces with a negative McMurray test and negative patellofemoral grind test and patellar apprehension test. Examination of the left knee revealed unrestricted motion with no crepitus in the patellofemoral joint and there was some slight pain with patellar grind test. Gross stability of the knee was satisfactory. Cruciate function was intact. She was diagnosed with bilateral knee sprain and synovitis and bilateral chondromalacia of the patella. She was to continue her home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with 3D rendering and interpretation: 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): 341-343.

Decision rationale: The history and documentation do not objectively support the request for an MRI with 3D rendering and interpretation. The ACOEM Guidelines state MRI can be recommended for the evaluation of internal derangement such as ligament strain/tear, meniscus tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. In this case, the claimant has been diagnosed with patellofemoral syndrome and she has had an MRI. It is not clear why a repeat MRI with 3D rendering is needed and the provider has not explained how the results may change the claimant's course of treatment in the future. It is not clear what knee is to be examined in this way. The medical necessity of this request has not been clearly demonstrated. As such, the request is not medically necessary and appropriate.