

Case Number:	CM14-0156714		
Date Assigned:	09/26/2014	Date of Injury:	06/13/2014
Decision Date:	10/31/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 27 year old male who was injured on 6/13/2014 during an automobile accident. He was diagnosed with musculoskeletal chest pain, neck pain, left hip pain, abrasion of the left leg, headache, thoracic spine strain, and left knee sprain/pain. He was treated with physical therapy, immobilization, and medication (Advil over the counter and Norco). He reported that 6 initial sessions of physical therapy had been helping him. On 8/20/2014, the worker saw his treating physician reporting his knee pain hadn't improved at all since the physical therapy sessions ended, and wished to continue physical therapy. Physical examination revealed knee pain with full squat, normal gait, tenderness superior and inferior to his left patella, no effusion of the left knee, negative MCL/LCL testing, negative Macmurray's test, positive spring test, negative load and pivot testing, and negative Lachman/drawer test. He was then recommended MRI of the left knee due to "failed conservative treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast left knee: 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 MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there were no signs or symptoms that would suggest a red flag condition which might warrant MRI imaging. Also, he did not fail conservative therapy, but rather was benefiting from physical therapy and had not continued physical therapy beyond his initial 6 sessions. Continuation of this therapy would be more appropriate than MRI imaging at this stage. Therefore, the left knee MRI is not medically necessary.