

Case Number:	CM14-0157036		
Date Assigned:	09/30/2014	Date of Injury:	01/14/2014
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of January 14, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; attorney representations; and MRI imaging of the knee dated March 13, 2014, notable for an intact ACL with interstitial tendinosis at the PCL and a small joint effusion. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for knee MRI imaging, stating that the applicant was reportedly gradually recovering. In a progress note dated May 15, 2014, the applicant reported 2/10 knee pain with 125 degrees of knee range of motion. The applicant exhibited a normal gait. The applicant was asked to employ Naprosyn for pain relief and return to regular duty work. On August 11, 2014, the applicant reported 5/10 knee pain, exacerbated by walking. Knee range of motion was limited to 90 degrees with medial joint line tenderness. The applicant was 44 years old, it was noted. Work restrictions were endorsed. Naprosyn was prescribed. It was noted that the applicant did have a history of prior knee arthroscopy some two years prior.

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: Overturned

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
Page(s): 13-2, page 335..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335, MRI imaging is recommended as a test of choice to confirm a diagnosis of suspected meniscal tear. In this case, the applicant's recurrence/flare in symptoms and seeming-worsening presentation from visit to visit do suggest that the applicant may have some internal derangement of the knee above and beyond that noted on earlier knee MRI imaging of March 2014. The fact that the applicant previously underwent knee arthroscopy implies that he would likely act on the results of the knee MRI in question and/or consider a surgical remedy were it offered to him. Therefore, the request for MRI of the right knee is medically necessary and appropriate.