

Case Number:	CM14-0158992		
Date Assigned:	10/02/2014	Date of Injury:	09/02/2014
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 an [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of September 2, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and a knee brace. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for a knee MRI. The claims administrator, in its utilization review report, employed non-MTUS ODG Guidelines to deny the report. The claims administrator did not, however, incorporate said guidelines into its rationale. The applicant's attorney subsequently appealed. In a September 19, 2014 progress note, the applicant was described as having persistent complaints of knee pain, status post a knee contusion injury. A cane and left knee brace were endorsed. The applicant had had to discontinue physical therapy secondary to pain. The applicant was complaining of catching and locking about the right knee. The knee MRI was apparently performed sometime between September 19, 2014 and September 26, 2014. The attending provider reported in its September 26, 2014 progress note that the knee MRI was reportedly negative. Left knee MRI imaging was sought.

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 without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, page 341 notes that special studies are typically not needed to evaluate most knee complaints until after a period of conservative care and observation, in this case, however, the attending provider suggested that the applicant was reporting pain out of proportion to objective findings. The applicant had significant knee pain complaints with associated symptoms of locking, catching, and clicking, it was noted. The applicant was using a cane and a knee brace to move about, the attending provider noted. The applicant was apparently unable to tolerate physical therapy. Early knee MRI imaging was indicated to evaluate the applicant's heightened knee pain complaints. Therefore, the request was medically necessary.