

Case Number:	CM14-0166929		
Date Assigned:	10/14/2014	Date of Injury:	06/13/2014
Decision Date:	11/28/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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:

This patient is a 55 year old male who developed persistent right knee, low back and thoracic pain subsequent to a fall on 6/13/14. For several months after the fall the physician evaluations were negative for right knee pathology. Full ROM and no joint tenderness was documented. Physical therapy and mild analgesics were provided. A recent change in primary treating physicians has been accompanied by a reported change in physical findings. The right knee is reported to have medical joint line tenderness and a positive McMurrays sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 343.

Decision rationale: MTUS Guidelines supports the use of imaging if there is a suspected meniscal tear that is not improving with time. It is difficult to explain the difference in the evaluators exam findings, but with several months of knee symptoms, trials of physical therapy,

and the current reported findings consistent with a meniscal tear the request is consistent with Guidelines. The knee MRI is medically necessary.