

Case Number:	CM14-0167123		
Date Assigned:	10/14/2014	Date of Injury:	07/02/2013
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 chronic knee pain reportedly associated with an industrial injury of July 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and viscosupplementation injections. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for a knee MRI, invoking non-MTUS ODG guidelines despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. Earlier knee MRI imaging of August 26, 2013 was notable for degenerative arthritic changes, fraying of the medial meniscus, and mild knee chondromalacia. In an April 1, 2014 progress note, the applicant reported ongoing complaints of knee pain with associated catching and locking. Authorization was being sought for right knee arthroscopy with partial meniscectomy, synovectomy, and chondroplasty, it was stated. An earlier corticosteroid injection had produced only fleeting relief. A positive McMurray maneuver about the injured knee was noted with explicit tenderness noted about the medial joint line. The applicant was 40 years old, it was noted. Authorization for knee surgery was sought. Norco was endorsed. It was stated that the applicant's degenerative changes were mild. In a September 2, 2014 Doctor's First Report (DFR), the applicant seemingly transferred care to a new primary treating provider. MRI imaging of the knee was apparently sought. The applicant was given a diagnosis of medial meniscal tear with mild degenerative changes. Tylenol No. 3 was endorsed. The applicant was kept off of work, on total temporary disability.

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 Chronic Pain Treatment Guidelines Official Disability Guidelines, Knee and Leg Chapter, Indications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 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 in applicants in whom a meniscal tear is suspected. ACOEM does qualify its recommendation by noting, however, that such testing should be reserved for cases in which surgery is being considered. In this case, all evidence on file points to the applicant's actively considering or contemplating an arthroscopic meniscectomy procedure for a suspected meniscal tear. It is incidentally noted that earlier knee MRI imaging in 2013 did not conclusively demonstrate a meniscal tear and that, contrary to what was suggested by the claims administrator, the applicant's functional state appears to have taken a downward spiral since that point in time. The applicant is now off of work. The applicant's knee complaints, popping, locking, and clicking have all worsened over time. Knee MRI imaging as a precursor to the pursuit of likely knee arthroscopy is indicated. Therefore, the request is medically necessary.