

Case Number:	CM14-0172409		
Date Assigned:	10/23/2014	Date of Injury:	07/11/2014
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 and leg pain reportedly associated with an industrial injury of July 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for a knee MRI. The claims administrator stated that the attending provider had failed to furnish a compelling rationale for the proposed MRI. The applicant's attorney subsequently appealed. In a September 3, 2014 orthopedic consultation, the applicant reported ongoing complaints of lateral knee pain associated with swelling, popping, grinding, and locking. The applicant stated that her symptoms were aggravated by climbing, squatting, kneeling, and walking. The applicant complained that her employer was having her work in excess of her stated limitations. The applicant's BMI was 25. 4/5 knee strength was noted with 135 degrees of motion. The applicant exhibited a negative McMurray maneuver with a normal motor and sensory exam. The applicant was given diagnosis of right patellofemoral syndrome. Physical therapy and work restrictions were endorsed. It was stated that the applicant should obtain an MRI scan for further evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the right knee closed unit, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-2, page 336.

Decision rationale: The applicant has been given diagnosis of patellofemoral syndrome versus patellar tendonitis. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 336, MRI imaging of the knee is not necessary for patellar tendonitis and/or patellofemoral syndrome except when an applicant is actively considering or contemplating surgery. In this case, however, there was no explicit statement (or implicit expectation) that the applicant would and/or was considering a surgical remedy or surgical intervention involving the injured knee on or around the date of the request, September 3, 2014. Therefore, the request is not medically necessary.