

Case Number:	CM14-0172567		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2009
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32-year old female with a date of injury of 11/06/2009. The listed diagnoses per [REDACTED] from 08/23/2014 are: 1. Lumbar spine disc herniation 2. Left knee internal derangement with torn meniscus According to this report the patient complains of left knee, low back, upper back, and chest pain. She rates her pain and average of 7 to 8/10 on the pain scale. The pain is stabbing and throbbing in quality. Examination of the left knee shows medial and lateral instability. Positive patellar grinding. Positive patellar apprehension test. There is swelling noted. The documents include progress reports from 03/12/2014 to 08/23/2014. The utilization review denied the request on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-342.

Decision rationale: The patient presents with left knee, low back, upper back, and chest pain. The physician is requesting an MRI of the left knee. The ACOEM guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant Hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. The records do not show any previous MRI of the left knee. Given the patient's significant symptoms and examination, an MRI is reasonable. Therefore, MRI of the left knee is medically necessary.