

Case Number:	CM14-0173719		
Date Assigned:	10/27/2014	Date of Injury:	05/04/2012
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 injured worker is a 44-year-old male who reported an injury on 05/04/2012 due to an unspecified mechanism of injury. The injured worker complained of right knee pain. His diagnoses included primary LOC of the osteoarthritis of the lower leg and chondromalacia of the patella. Past treatments included injections, medications, and physical therapy. The prior surgeries included an arthroscopy dated 03/01/2013. The physical examination of the right knee revealed normal appearance. On inspection, the right knee revealed a normal gait, no swelling, observable spasms, and no obvious misalignment of the knee. The neurological examination revealed no evidence of quadriceps atrophy. The motor strength revealed 5/5 bilaterally. Distal sensation was normal. Patellar and Achilles reflexes were 2+. There was no calf tenderness. Homan's sign was negative. The patella and quadriceps examination revealed no tenderness or defect underlying the distal quadriceps mechanism. No tenderness under the medial or lateral patellar facet was noted. No tenderness or defect over the patellar tendon or pes anserinus bursa was noted. There was a negative patellar apprehension sign and positive patellar grind test. The meniscus examination revealed a medial joint line tenderness and tenderness overlying the anterior or posterior lateral joint line, McMurray's sign, negative Lachman's, negative anterior drawer, negative pivot shift, negative posterior drawer, and negative posterolateral recurvatum tests. There was no tenderness over the medial collateral ligament. The injured worker had a well healed arthroscopic portal. Range of motion was 0 to 115 degrees. There was positive patellofemoral crepitation and a positive grind test. There was tenderness along the medial joint line. He had difficulty ambulating and walked with an antalgic gait. He continued to wear the knee brace. The treatment plan included an MRI of the right knee. The Request for Authorization was not submitted within the documentation. The rationale for the MRI of the right knee was not provided.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The request for an MRI of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma are the following. Joint effusion within 24 hours of direct blow or fall. Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma, and the inability to flex knee to 90 degrees. The clinical notes provided indicated that the injured worker had brought a cane with him. However, he was able to ambulate without assistive devices or instability. The documentation was not evident that the injured worker had had a new injury to the right knee. The injured worker does not meet the above criteria. As such, the request is not medically necessary.