

Case Number:	CM14-0175840		
Date Assigned:	10/28/2014	Date of Injury:	07/08/2013
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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:

According to the provided documents this is a 50-year-old woman with the date of injury of 7/8/13. The mechanism of injury was not found in the provided documents. The disputed determination is a request for left knee MRI made in a utilization review determination of 10/14/14. That determination reviewed a PR-2 of 9/30/14. There is a request for authorization of 10/8/14 for that study. The 9/30/14 report indicates the patient was there for evaluation of the left knee. It was noted that she was one year post right knee arthroscopy and partial lateral meniscectomy. She was complaining of left knee pain which had begun 3 weeks previous and she felt that it resulted from favoring her right knee. There was pain over the anterolateral aspect of left knee. She had been taking Celebrex daily and tramadol as needed. Exam showed no effusion, tenderness of the lateral joint line more than the medial joint line. Range of motion 0-120. Mild patellofemoral crepitation, ligaments were stable. There is lateral pain and clicking with McMurray's. Radiographs showed minimal degenerative changes. The impression is left knee pain possible lateral or medial meniscal tear. Patient was placed temporarily totally disabled (TTD). There is indication patient was receiving Supartz injections for the degenerative arthritis in the right knee PR-2 of 9/18/14 and 9/25/14. Those reports indicated she was placed TTD to recover from the injections. The 7/29/14 PR-2 made no mention of any left knee discomfort in indicated that the patient was having ongoing lateral joint pain in the right knee and was doing a home exercise program. At that time the patient was on full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 346, Table 13-6. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to the report the left knee symptoms were only 3 weeks old. Although the patient was using analgesics, there has not been any other conservative treatment for the knee such as physical therapy. There is no red flag such as concern for infection, fracture or serious instability of the knee. There was no direct trauma. There is no indication this patient may be a surgical candidate. Therefore based upon the evidence and the guidelines, the request is not medically necessary.