

Case Number:	CM14-0182346		
Date Assigned:	11/10/2014	Date of Injury:	09/25/2014
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/03/2014

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 24-year-old female who sustained an injury on 9/25/14. As per the 10/5/14 follow-up note, she presented with continued pain and swelling to the left knee that was constant, sharp, stabbing and non-radiating in character, made worse with prolonged standing and/or walking and better with rest. Examination revealed moderate swelling to the left knee with tenderness to palpation along the medial/ lateral joint lines, decreased range of motion of the left knee in flexion (90 degrees), and 4/5mm strength of the left lower extremity secondary to pain. She is taking Naproxen and was also prescribed Norco to take as needed for severe pain. She uses a knee brace and is working modified duty. MRI of the left knee was recommended to rule out internal derangement of the left knee. Diagnoses include left knee sprain/strain and rule out internal derangement of the left knee. The request for MRI of the left knee was denied on 10/16/14.

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: Upheld

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

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

Decision rationale: Per CA MTUS/ACOEM guidelines, the criteria for MRI of the knee includes documentation of unstable knee (with documented episodes of locking, popping, giving away, recurrent effusion, signs of bucket handle tear), and to determine the extent of ACL tear preoperatively. Per ODG, criteria for MRI of the knee include significant trauma (i.e. MVA), suspected posterior dislocation, evidence of internal derangement on X-ray or post-surgically to assess knee cartilage repair. In this case, there is no documentation of any of the above conditions; there is no evidence of unstable knee, significant trauma or internal derangement. Therefore, the medical necessity of the request cannot be established based on the clinical information and guidelines.