

Case Number:	CM14-0185585		
Date Assigned:	11/13/2014	Date of Injury:	10/22/2012
Decision Date:	12/30/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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:

Injured worker (IW) is a 46 year old female who sustained an industrial injury on 10/22/12. No previous imaging studies of the right knee are documented. 09/24/14 office note documented complaints of pain in the low back, mid back, right hip, and right knee, worse with sitting, standing, lifting, walking, forward bending and climbing. IW also reported spasms and swelling which were better with therapy. On examination of the right knee there was medial joint line tenderness, with equivocal McMurray test and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines, Chapter 13 (Knee Complaints) discussion of General Approach and Basic Principles states: "In the absence of red-flag signs or symptoms, evaluation and treatment can proceed in the acute phase for four to six weeks without performing special studies because the yield of treatment-altering findings is low

and most patients' conditions improve within that period of time." Table 13-5 notes ability of MRI to identify and define knee pathology including meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. ACOEM Guidelines recommendations concerning surgery for meniscal tears require consistent findings on MRI. The treating physician has documented complaints of persistent knee pain and swelling approximately 2 years post injury, with physical exam findings which are suggestive of a meniscal tear. The requested knee MRI is medically necessary and is consistent with ACOEM Guidelines/MTUS recommendations.