

Case Number:	CM14-0020895		
Date Assigned:	04/30/2014	Date of Injury:	11/12/2010
Decision Date:	12/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/19/2014

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 patient is a 45 year old female with a date of injury 11/12/10. The treating physician report dated 1/28/14 indicates that the patient presents with pain affecting the right knee. The physical examination revealed a degloving injury, reflex sympathetic dystrophy (RSD), and pain. It also indicated bleeding on occasion at the plantar area and a lot of pain in the right knee when walking or activity. The patient presents with pain being a 3/10, with medications. In the patient's lower left extremity inspection, ankle presence of a scar; palpation, tender, and pain with range of motion (ROM). The current diagnoses are: 1. Pain foot/leg/arm/finger.2. RSD in the lower limb.3. Knee pain/joint pain in leg.4. ENCNT long-RX use necessary. The utilization review report dated 02/18/14 denied the request for MRI of the Right Knee based on lack of medical necessity.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Knee Chapter

Decision rationale: The patient presents with chronic pain to the right knee. The current request is for MRI of the Right Knee. The treating physician report dated 1/13/14 states, "Recommend MRI of right knee to determine if patient has had deranged knee due to overcompensation for the left foot." Physical exam of the knee states, "Tender joint line and positive McMurray's test." The ODG guidelines support MRI of the knee following acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. In this case the treating physician has suspicion of compensatory internal derangement of the right knee due to altered gait and has documented positive orthopedic testing indicating meniscus damage. The ODG supports MRI of the knee if there is suspicion of cartilage disruption. Therefore, the MRI of the right knee is medically necessary and appropriate.