MAXIMUS Federal Services

Case Number:	CM14-0022365		
Date Assigned:	05/09/2014	Date of Injury:	01/10/1997
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery and is licensed to practice in California, Oklahoma, Texas, and Tennessee. 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 55 year old male whose date of injury is 01/10/1997. The mechanism of injury is not described, but the injured worker is noted to be status post lumbar spine surgery x 3 with 360 fusion L3-S1. Progress report dated 12/18/13 notes that the injured worker has significant problems with episodes of severe pain which caused him to slip and fall at home re-injuring his back and right knee. Diagnostic record review references MRI of the right knee indicating bipartite in lateral aspect of the patella. Current complaints included left testicle pain; low back pain; sleep deprivation, bilateral carpal tunnel syndrome with numbness and tingling of the hands; chest pain; stomach and abdominal problems. Treatment plan included MR of the right knee, but no rationale was provided for this repeat study. MRI of the right knee was performed on 01/08/14 which noted extensive soft tissue edema lateral to the knee joint; incidental finding of a bipartite patella; moderate degree of tendinosis of the patellar tendon; rest of ligaments as well as menisci appear intact. Progress report dated 01/29/14 noted the injured worker continues to have increasing pain in the right knee, back, and neck. His teeth are painful and he is significantly depressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST 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): 335.

Decision rationale: Per American College of Occupational and Environmental Medicine (ACOEM) guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The injured worker has subjective complaints of right knee pain. A previous Magnetic Resonance imaging (MRI) on 02/24/12 was mentioned, but no radiology report was submitted for review. There is no documentation that the injured worker has received any conservative treatment directed to the right knee, and there was no detailed physical examination of the right knee provided that would indicate any significant pathology such as meniscal tear or ligamentous tear. No acute trauma was documented. Based on the clinical information provided for review, medical necessity is not established for the proposed repeat MRI of the right knee.