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| Case Number: | CM14-0023016 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 07/11/2013 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Internal 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:

The patient is a 39-year-old female who was injured on July 11, 2013. She slipped on a wet floor, falling to her hands and knees. PR2 dated January 31, 2014 states the patient presents with complaints of discomfort in her right knee. On exam, her right knee reveals tenderness with palpation over the anteromedial joint line. Range of motion is not restricted. There is no ligamentous instability identified. The treatment and plan included a request for authorization of an MRI of the right knee, with knowledge that it is not an accepted part for this claim. The patient still complains of pain to the knee from the injury she sustained about six months prior. With exercise and time, she still complains of pain. The patient is diagnosed with strain of the knee, nonspecific. PR2 dated December 5, 2013 indicates the patient has new complaints of right knee pain which she believes is a result of her work injury. Her symptoms started when her right thumb began tingling. The right knee is without tenderness but she does report pain with palpation. No pain is reproduced with varus and valgus force. There may be some soft tissue swelling or small effusion. Drawer test is negative. Lachman's test is negative. The exam also shows slight patellar crepitus with extension and range of motion is from 0 to 130. According to prior UR ntoe dated February 11, 2014, the request for MRI of the right knee with and without contrast is non-certified as there is no evidence that warrants this request.

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 WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRIs.

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines and ODG recommends MRI of the knee for acute trauma to the knee especially if concern for ligament injury or dislocation. At times MRI may be indicated in non-traumatic chronic knee pain concerning for soft tissue injury after x-rays have been performed and failure of conservative therapy. The medical records document the patient has slight tenderness over the anteromedial joint line, with full ROM and no ligament instability. The medical records do not document a sufficient trial of conservative therapy including physical therapy, if performed how many sessions, and any progress made. The medical records do not discuss x-rays performed and their results. The request for an MRI of the right knee, with and without contrast, is not medically necessary or appropriate.