

Case Number:	CM14-0023477		
Date Assigned:	05/12/2014	Date of Injury:	12/04/2013
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
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 Physical medicine and Rehabilitation, has a subspecialty in Pain 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:

This patient is a 45-year-old with date of injury December 4, 2013. Per treating physician's report January 28, 2014, patient presents with right knee pain following industrial injury, and after 90 minutes, the right knee swelled up like a "grapefruit." The patient was evaluated with x rays, given prescription medication ibuprofen, and the patient was initially diagnosed with a contusion and ligament strain, given crutches and splint for her right leg. The patient subsequently returned to work standing 20 minutes per hour, but the company did not honor the work restriction. Current complaints are right knee pain, 5/10 in intensity, with pain preventing the patient from running, biking, doing martial arts. Range of motion of the right knee was fairly normal with positive for patellar grinding, bounce home, and Lachman's, but other negative examination findings. Listed diagnoses are right knee tenosynovitis, rule out derangement; posttraumatic gastritis from medication; laceration, contusion, scarring of the left tibialis anterior. Recommendation was for TENS (transcutaneous electrical nerve stimulation) unit, MRI of the right knee without contrast. The request was denied by Utilization Review letter February 10, 2014.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-342.

Decision rationale: This patient presents with persistent right knee pain and is now more than six out from injury. The patient did initially have conservative care, but continues to be symptomatic. The patient experienced quite significant swelling immediately following the injury. The current request is for MRI of the right knee. The examination findings showed near full range of motion, but positive Lachman's maneuver. For MRI of the knee, ACOEM Guidelines warn against reliance on imaging studies to evaluate source of knee symptoms. For specific discussion regarding MRI of the knee, ODG Guidelines recommend MRI of the knee if the x-rays were negative and if internal derangement is suspected. In this case, the treating physician is suspecting internal derangement and the patient already had x-rays of the knee from the initial evaluation which were negative for any fractures or abnormalities. The request for an MRI of the right knee is medically necessary and appropriate.