

Case Number:	CM14-0023627		
Date Assigned:	06/16/2014	Date of Injury:	12/16/2012
Decision Date:	10/24/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/25/2014

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 Illinois. 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 40-year-old female who reported an injury on 12/16/2012 due to an unknown mechanism. Diagnoses were cervical spine sprain/strain, rule out herniated nucleus pulposus; lumbar spine herniated nucleus pulposus, rule out lumbar radiculopathy; bilateral knee internal derangement; bilateral knee medial meniscus tear; anxiety disorder; mood disorder; sleep disorder; and stress. Medications were Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and ketoprofen cream. Past treatments were medications, physical therapy, LINT, and an orthotic brace. The physical examination on 10/21/2013 revealed complaints of bilateral knee pain. The examination of the bilateral knees revealed +2 tenderness to palpation over the medial and lateral joint line. There was also tenderness at the patellofemoral joint bilaterally. Range of motion of the bilateral knees was restricted to 75 degrees of flexion on the right and 90 degrees on the left, as well as -10 degrees of extension on the right and -10 degrees on the left. There was medial collateral ligament instability noted bilaterally. Apley's compression test and McMurray's test were positive bilaterally. Varus/valgus stress test was positive on the right. There was decreased sensation to pinprick and light touch at the L5-S1 dermatomes bilaterally. Myotomes L2-5 and S1 motor strength were decreased secondary to pain in the bilateral lower extremities. The treatment plan was for an MRI of the left knee. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The decision for MRI of left knee is not medically necessary. The California ACOEM states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma include patient is able to walk without a limp and patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma are joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. Experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, and these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. The injured worker had an MRI of the left knee dated 06/07/2013. The rationale was not explained as to why another MRI of the left knee was being requested. There was no current physical examination available; the one that was available was dated 10/21/2013. The clinical information submitted for review does not provide evidence to justify an MRI of th left knee. Therefore, the request is not medically necessary.