

Case Number:	CM14-0025324		
Date Assigned:	06/11/2014	Date of Injury:	04/15/2012
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 & 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 41 year old male who reported an injury on 04/15/2012 when he twisted his knee when a manhole cover gave way. The injured worker complained of ongoing symptoms and left knee pain. The injured worker also has complaints of buckling and giving away. Other complaints were intermittent swelling, pain that is worse at the end of the day, and pain that interferes with sleep. In addition, the injured worker stated that the pain had increased over the past two months. Physical examination of the left knee showed positive McMurray sign, equivocal Apley, negative anterior drawer, negative Lachman, no effusion, normal patellar tracking, minimal peripatellar tenderness, and some joint tenderness at both the medial joint line and lateral joint line. Diagnoses for the injured worker were status post right knee anterior cruciate ligament reconstruction and left knee sprain with buckling, giving away, persistent symptoms, and probable internal derangement. Conservative care was not submitted in the document for review. No medications for pain relief were reported in the document submitted. Physical therapy for the left knee was not documented. The treatment plan was for MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) KNEE AND LEG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI.

Decision rationale: The request for MRI left knee is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Official Disability Guidelines recommend MRIs when there are negative x-rays and positive physical examination findings. The documentation submitted does not list any medications that have been tried and failed or physical therapy with functional outcome or the use of a knee brace. X-rays were not submitted or mentioned in the document submitted for review. Conservative care was not submitted with the report. Therefore, the request for MRI for the left knee is not medically necessary.