MAXIMUS Federal Services

Case Number:	CM14-0028987		
Date Assigned:	04/07/2014	Date of Injury:	09/28/2009
Decision Date:	05/29/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 an employee of [redacted] and has submitted a claim for bilateral knee internal derangement with possible underlying chondromalacia and possible meniscal versus articular cartilage injury associated with an industrial injury date of 09/28/2009. The previous treatment procedures, as well as medications, given were not documented in the records submitted. The utilization review from 12/27/2013 denied the request for MRI to right knee. Reasons for denial were not made available. Medical records from 2013 to 2014 were reviewed showing that patient complained of neck, bilateral knees, left wrist, and right toe pain. Pain on both knees was aggravated upon sitting, ascending and descending stairs. There was no evidence of a radiculopathy, myelopathy, or peripheral nerve motor or sensory deficits. Physical examination showed muscle spasm over the paraspinal region of upper back. Range of motion of cervical spine elicited pain upon motion. There was tenderness at the medial joint line of both knees. Crepitation was present at right knee on motion. McMurray test of the knee was negative. Reflexes and sensation were intact. The patient has no medications at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI TO RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331.

Decision rationale: California MTUS ACOEM Practice Guidelines Knee Chapter recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, and clear signs of a bucket handle tear. In absence of red flags, diagnostic testing is not generally helpful. In this case, the patient has been complaining of chronic knee pain bilaterally. The rationale given for the present request is to "better assess her pathology". However, physical examination only showed the presence of tenderness and crepitation of the right knee. There was no evidence that the patient also has episodes of locking, popping, giving way, recurrent effusion that will necessitate imaging as stated above. There is no recent trauma or red flags on examination to support the need for MRI. Therefore, the request for MRI to right knee is not medically necessary.