

Case Number:	CM14-0030749		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2011
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery 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 claimant is a 70-year-old gentleman who was injured on November 10, 2011 when he was pivoting on a ladder and developed an acute onset of left knee complaints. The records provided for review include a February 12, 2014 progress report noting moderate pain in the medial aspect of the left knee with clicking. Physical examination was documented to show focal tenderness over the medial joint line with positive McMurray's and Apley's testing. Reviewed at the time of the evaluation was a magnetic resonance imaging (MRI) from June 13, 2012 that revealed medial meniscal tearing, grade II chondral change to the medial trochlear groove and a knee joint effusion. There is no documentation that the claimant had any prior surgery in this case. The treating provider recommended repeat imaging to confirm a meniscal tear prior to proceeding with knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Joint of the Lower Extremity with Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition(web) 2014, Knee & Leg, MR Arthrography.

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

Decision rationale: The claimant is a 70-year-old gentleman who was injured on November 10, 2011 when he was pivoting on a ladder and developed an acute onset of left knee complaints. The records provided for review include a February 12, 2014 progress report noting moderate pain in the medial aspect of the left knee with clicking. Physical examination was documented to show focal tenderness over the medial joint line with positive McMurray's and Apley's testing. Reviewed at the time of the evaluation was an MRI from June 13, 2012 that revealed medial meniscal tearing, grade II chondral change to the medial trochlear groove and a knee joint effusion. There is no documentation that the claimant had any prior surgery in this case. The treating provider recommended repeat imaging to confirm a meniscal tear prior to proceeding with knee arthroscopy.