

Case Number:	CM14-0034999		
Date Assigned:	07/30/2014	Date of Injury:	12/24/2011
Decision Date:	09/09/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, knee, and shoulder pain reportedly associated with an industrial injury of December 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier shoulder surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for a left knee MRI. The applicant's attorney subsequently appealed. In a July 21, 2014 orthopedic surgery note, the applicant was described as having persistent complaints of neck pain, shoulder pain, headaches, and knee pain. The applicant states that the knee was giving way and she was having issues with weakness about the same. Decreased range of motion and strength were appreciated by the injured knee, it was suggested. The note was handwritten, not entirely legible, and difficult to follow. It was stated that the applicant was waiting the outcome of the disputed knee MRI and shoulder CT arthrogram. The applicant was placed off of work, on total temporary disability. In an earlier note of June 23, 2014, the applicant was again described as having persistent complaints of knee pain, popping, locking, and giving way. The applicant was again placed off of work, on that occasion. The applicant was placed off of work, earlier notes of May 12, 2014, April 14, 2014, and March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of left knee: Overturned

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): table 13-5, page 343.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, table 13-5, page 343, MRI imaging has scored 4/4 in its ability to identify and define suspected meniscal tears, 3/4 in its ability to identify and define suspected ligamentous strains, and a 4/4 in its ability to identify and define suspected ligament tears. In this case, the applicant's presentation, which includes locking, popping, and giving way and weakness about the injured knee is highly suspicious for subinternal derangement of the knee, including possible meniscal derangement of the same. MRI imaging to further evaluate the applicant's knee complaint is therefore indicated as the applicant appears to have failed several months of conservative treatment, including time, medications, observation, etc. MRI imaging to further evaluation is therefore indicated. Accordingly, the request is medically necessary.