

Case Number:	CM14-0038618		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2010
Decision Date:	09/17/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 08/06/2010. The mechanism of injury was not provided. On 06/05/2014, the injured worker presented with bilateral knee pain. An MRI dated 01/13/2012 of the left knee revealed no evidence of internal derangement, all major tendons and ligaments were intact, and there was no evidence of acute meniscal tear. There was multilevel compartmental degenerative joint disease. Upon examination of the left knee, the injured worker was wearing a hinged brace and there was swelling and moderate tenderness over the peripatellar joint region. The active range of motion values for the left knee were 0 degrees of extension and 100 degrees of flexion. The diagnoses were left strain with posterior cruciate ligament (PCL) tear, lumbar, cervical, and thoracic strain, bilateral tendonitis, dizziness complaints, and GI upset and irritability. Prior treatment included medications. The provider recommended an MRI of the left knee because of spontaneous aggravation of pain along with popping and feeling of something getting stuck to rule out loose bodies as well as any meniscal tear. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s) : 1021-1022.

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

Decision rationale: The MRI of the left knee is not medically necessary. The California MTUS/ACOEM Guidelines state most knee problems improve quickly once and red flag issues are ruled out. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Indications for imaging study include acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption. There is a note that references a previous MRI dated 02/05/2014 of the left knee that documented no evidence of internal derangement and all major tendons and ligaments were intact. There is no clinical change or physical examination finding from the time of the report to the present that warrants a repeat study. As such, the request is not medically necessary.