

Case Number:	CM14-0039293		
Date Assigned:	06/27/2014	Date of Injury:	09/16/2013
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 37 year old female who sustained an injury to her right knee on 09/16/13 when she turned around to get off a load stand, the injured worker felt something pop in her knee. The records indicate that the injured worker is currently working modified duty. A physical therapy note dated 09/23/13 marked the injured worker's 3rd physical therapy visit. The injured worker complained of pain at 6/10 on the visual analog scale Visual Analog Scale (VAS). The pain is located on the medial joint line of the right knee. The records indicate that the injured worker completed at least 6 physical therapy visits as of 10/08/13 that provided minimal benefit. The injured worker continued to complain of right knee pain at 8/10 VAS. The most recent clinical note dated 03/03/14 reported that the injured worker learned that she was 6 weeks pregnant in November of 2013; therefore she cannot get an MRI until after the baby was born. She managed with a knee brace and ice for pain control. The injured worker continued to complain of pain at 4-8/10 VAS. Physical examination noted no erythema, warmth, swelling, or effusion; patella freely movable, but there is some discomfort with resisted quadriceps contraction; no tenderness along the medial or joint lines; mildly tender over the patella tendon. There is full range of motion; no evidence of varus/valgus/AP instability; Lachman's and drawer signs negative; palpation of the adductor magnus revealed local tenderness along the proximal muscle, but triggering of pain to the knee with palpation over the distal muscle. The injured worker was assessed to have right knee pain that was a combination of chondromalacia patella and myofascial trigger points, both affecting the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI(Magnetic Resonance Images) right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, MRI's (magnetic resonance imaging).

Decision rationale: The previous request was denied on the basis that there was nothing in her subjective complaints or objective findings to suggest internal derangement such as ligamentous instability or meniscal tears. There were no 'red flag' findings on physical examination to warrant emergent MRI; therefore, the request was not deemed as medically appropriate. The injured worker learned that she was 6 weeks pregnant when the request was made and was told that she cannot have an MRI until after the baby is born. There was no report a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. The results of previously obtained plain radiographs were not provided for review. Given this, the request for an MRI (magnetic resonance images) of the right knee is not medically necessary.