

Case Number:	CM14-0046347		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2013
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 injured worker is a 41-year-old male with a reported date of injury on 02/08/2013. The mechanism of injury occurred when the injured worker struck his right knee on the edge of a tree trunk. The injured worker had diagnoses including right knee status post arthroscopy and right knee internal derangement. The injured worker has had previous treatments including physical therapy, acupuncture, modified work, home exercise program and medications. The injured worker underwent an MRI previously as well as right knee arthroscopic surgery on 09/27/2013. The injured worker was examined on 03/28/2014 and it was noted the injured worker had slight swelling to the right knee compared to the left. There was still atrophy to the right lower extremity compared to the left in the calf area; however, the right thigh was pretty close to the left thigh. The injured worker still complained of muscle weakness in the right lower extremity. The injured worker complained of problems with prolonged standing, bending and getting up from a sitting position with the right knee. The medication list was not provided. The previous MRI was not provided for review. The plan of treatment included recommendations for an MRI of the right knee to evaluate the knee as the injured worker was still having symptoms. The Request for Authorization was signed on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC, Internet Version (updated 01/20/2014), Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee complaints, MRI.

Decision rationale: The request for the MRI of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state that an MRI is not recommended for routine evaluation of acute, sub acute or chronic knee joint pathology including degenerative joint disease. The Official Disability Guidelines recommend performing a repeat MRI if it is needed to assess knee cartilage repair tissue to determine if the repair tissue was of good or poor quality. There is a lack of a documented physical examination provided with an adequate assessment of the injured worker's functional condition. The injured worker has had a previous MRI that was not provided for review and the injured worker had a right knee arthroscopic surgery on 09/27/2013. There is no evidence of re-injury since the last MRI. There is no documentation indicating the injured worker has significant objective functional deficits as well as positive provocative testing maneuvers, which indicate possible pathology in the knee. Therefore, the request for the MRI of the right knee is not medically necessary.