

Case Number:	CM14-0046638		
Date Assigned:	09/18/2014	Date of Injury:	04/01/2010
Decision Date:	10/16/2014	UR Denial Date:	03/13/2014
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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 male who has had multiple right knee injuries. He jumped over a ditch in the year 2003 and sustained a lateral meniscal tear for which surgery was performed. He was then fine until 04/01/2010 when the right knee was struck by a metal bar from a tractor that a mechanic loosened by hitting with a hammer. In April 2011 he received a steroid injection for knee pain. On 8/9/2011 an MRI scan of the right knee revealed a bucket handle tear of the lateral meniscus with medially flipped bucket handle component, mild degenerative changes and a tiny loose body. Post-operative changes from the 2003 surgery were also noted. The worker did not have surgery for this new tear at that time. On 1/6/2012 a steroid injection was given for continuing pain. On 1/19/2013 the knee flexion was restricted to 103 degrees with the contralateral side being 143 degrees. On 2/27/2014 the worker was crossing a ditch, slipped, and injured his knee. On 3/3/2014 he went back to work, twisted again, and had increased pain and swelling. On 3/17/2014 the knee was swollen with a modest effusion. There was significant pain and joint line tenderness, he could not pivot, was on crutches and could not work. On 4/6/2014 he was still on crutches with a severe limp. The range of motion was 10/90. He underwent a new MRI on 3/11/2014 and underwent surgery in April 2014. Those records are not currently available. The disputed issue is the need for an MRI scan in March 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Overturned

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-Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 344, 345.

Decision rationale: The UR decision was made without the benefit of important medical records. Only 6 pages of records were available at that time. The worker was known to have an untreated displaced bucket handle tear of the lateral meniscus based upon a previous MRI from 08/09/2011. He had recurring knee effusions and pain. There was decreased range of motion documented on multiple occasions. Joint line tenderness was documented. On 3/17/2014 he could not pivot and could not walk without crutches. Mechanical symptoms persisted on 4/6/2014 with 10 degree loss of extension and flexion limited to 90 degrees. In light of the above particularly because of the presence of a known untreated bucket handle tear of the lateral meniscus the MRI was medically necessary prior to the surgery.