

Case Number:	CM14-0046969		
Date Assigned:	07/02/2014	Date of Injury:	04/24/2009
Decision Date:	08/01/2014	UR Denial Date:	04/02/2014
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 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 claimant has a left knee injury that is due to cumulative trauma from 10/10/10 through 10/10/11. An MRI of the left knee is under review. An MRI was ordered prior to surgery to rule out a medial or lateral meniscal tear and ACL tear. On 04/05/10, he underwent left knee arthroscopic partial medial and lateral meniscectomies and minor debridement. On 01/04/12, he had a similar procedure. On 11/19/13, he reported that his workload was doubled and he was jumping in and out of trucks all the time. He had increased pain. He had past surgery with some wear and tear changes. There was a concern for a recurrent meniscal tear. He was started on a Medrol dosepak. His knee was not examined. On 12/10/13, he saw [REDACTED] for a recheck of his knee. He reported episodes when it was painful and swollen and the next day it is normal. If he pivots he has significant pain and this comes and goes in character. This was consistent with a recurrent meniscal tear but he had no history of locking. Laboratory studies were ordered followed by an MRI if needed. He had an MRI of the left knee on 01/23/14. There was a complex tear of the lateral meniscus and a tear of the posterior horn of the medial meniscus. There was focal grade III/IV chondromalacia of the lateral femoral condyle. He was seen again on 02/04/14. There was a concern that because of his anterolateral rotary instability that he had a lateral meniscal tear. On 03/18/14, he was status post a Fit for Work evaluation and had to do 75 pound repetitive deep knee bends. He had a hot, boggy, swollen knee. He had tenderness of the medial and lateral joint lines and a partial anterior cruciate ligament tear and medial and lateral meniscal tears. Surgery was under consideration. On 03/25/14, his knee was hot, boggy, and swollen with an effusion. He had lateral joint line tenderness. [REDACTED] thought he had an aggravation as a result of some exercises. Surgery was under consideration but he needed an MRI.

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): 341. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter, MRI's (magnetic resonance imaging).

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

Decision rationale: The history and documentation do not objectively support the request for a repeat MRI in the absence of clear evidence of new or progressive focal deficits and/or failure of a reasonable course of conservative treatment. The MTUS state regarding imaging studies that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Table 13-5 state MRI may be recommended during the evaluation of meniscus tear, ligament strain or tear. patellofemoral syndrome, tendinitis, prepatellar bursitis and regional pain. The specific indication for this study has not been clearly described and none can be ascertained from the records. There is no evidence that the claimant has been involved in an ongoing rehab program since his previous surgeries or that a course of treatment has been recommended and completed or attempted and the claimant failed to improve. In addition, there is mention of laboratory studies that were done (the knee was warm and boggy) and the results were not submitted. The request for an MRI was pending the results of the laboratory studies. The medical necessity of this study has not been clearly demonstrated, therefore is not medically necessary.