

Case Number:	CM14-0051160		
Date Assigned:	07/07/2014	Date of Injury:	01/22/2011
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 27-year-old male who reported an injury on 01/22/2011. The mechanism of injury was a slip and fall. The diagnoses included persistent left knee pain, status post left knee arthroscopic surgery, intermittent right knee pain, persistent low back pain, insomnia. The diagnostic imaging included an MRI dated 03/01/2012 left knee, MRI 06/14/2012 of the right knee. His treatments included physical therapy, medications. Within the clinical note dated 02/25/2014, it was reported the injured worker complained of pain in the left knee after surgery. The injured worker underwent a left knee arthroscopy done 05/2011. Upon the physical examination of the left knee, the provider noted the injured worker had minimal swelling. The range of motion was 0 to 120 degrees. The provider noted that the injured worker had tenderness to palpation at the LCL and MCL. The injured worker had a positive McMurray's test with guarding. The provider recommended the injured worker to undergo physical therapy. The request submitted is for an MRI of the left knee before proceeding with any surgical interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MRIs (magnetic resonance imaging).

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

Decision rationale: The injured worker complained of left knee pain. The California MTUS/ACOEM Guidelines note MRIs are recommended to confirm tears, but no necessary except when considering surgery. MRIs are recommended for meniscal tears, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, prepatellar bursitis. The guidelines note most knee problems improve quickly once any red flag issues are ruled out. There is lack of documentation indicating any red flag diagnosis to be suspected in the clinical documentation submitted. There is lack of documentation indicating the injured worker had failed on conservative treatment. The medical necessity warranting an MRI was not provided in the clinical review. Therefore, the request for MRI for the left knee is not medically necessary and appropriate.