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| Case Number: | CM14-0051471 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 06/23/2011 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/23/11. A utilization review determination dated 3/10/14 recommends non-certification of MRI right knee as there was no documentation of a positive McMurray's or ligamentous injury. It noted that PT in the past provided great relief and 12 additional sessions had been authorized. The reason given for the request was painful mechanical motion and pain affecting activities of daily living. X-rays from 7/24/13 were said to show posttraumatic degenerative joint disease and a healed patellar fracture. 12/10/13 medical report was said to identify bilateral knee pain 5/10 with increased popping in the right knee that was painful. On exam, there was painful patellofemoral ROM and positive crepitus with ROM, medial joint line tenderness, and 4+/5 quad and hamstring strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: Regarding the request for MRI right knee, CA MTUS and ACOEM state 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. ODG cites various indications for MRI, including chronic knee pain when radiographs are nondiagnostic and internal derangement is suspected. Within the documentation available for review, it appears that the patient does have some degenerative joint disease on x-ray, but there are mechanical symptoms as well as joint line tenderness and weakness on exam despite conservative treatment. Thus, an MRI is reasonable to rule out internal derangement, as this will help determine whether or not the patient is a candidate for surgery versus conservative management. In light of the above, the currently requested MRI right knee is medically necessary.