

Case Number:	CM14-0066387		
Date Assigned:	07/11/2014	Date of Injury:	12/03/2010
Decision Date:	11/20/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 patient is a 57 year old female who was injured on 12/03/2010. The mechanism of injury is unknown. Prior medication history included Voltaren, Soma, Protonix and Percocet. On 02/26/2014, the patient presented with increased left knee pain. On exam, left knee extension is 0 degrees; flexion to 120 degrees with moderate effusion and tenderness along the medial joint line. McMurray test elicited pain in the medial compartment. Crepitus and pain are noted about the patellofemoral joint. Progress report dated 03/28/2014 indicates the patient presented with complaints of pain in the left knee. On exam, left knee extension is 0 degrees; flexion to 120 degrees. There is crepitus, pain and moderate effusion noted. The patient has been recommended for bilateral knee MRI to evaluate for possible meniscal tear. Prior utilization review dated 04/11/2014 states the request for MRI of the left knee is denied as there is a lack of documented evidence to support the request.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Knee Complaints. pages 1021-1022

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI

Decision rationale: According to ODG guidelines, knee MRI is indicated for non-traumatic knee pain when internal derangement is suspected. In this case a request is made for bilateral knee MRI's for a 57 year old female injured on 12/3/10 with bilateral chronic, worsening knee pain, moderate effusions, and positive McMurray's. Bilateral meniscus tears are suspected. The patient is status post right knee lateral meniscectomy in March 2011 and medial meniscectomy in June 2011. Medical necessity is established for left knee MRI.

MRI of the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Knee Complaints. pages 1021-1022

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI

Decision rationale: According to ODG guidelines, knee MRI is indicated for non-traumatic knee pain when internal derangement is suspected. In this case a request is made for bilateral knee MRI's for a 57 year old female injured on 12/3/10 with bilateral chronic, worsening knee pain, moderate effusions, and positive McMurray's. Bilateral meniscus tears are suspected. The patient is status post right knee lateral meniscectomy in March 2011 and medial meniscectomy in June 2011. Medical necessity is established for right knee MRI.