MAXIMUS Federal Services

Case Number:	CM14-0066416		
Date Assigned:	07/11/2014	Date of Injury:	10/09/2012
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
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 applicant is a represented [redacted] employee who has filed a claim for knee pain reportedly associated with an industrial injury of October 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and earlier MRI imaging, apparently notable for microfractures of the proximal tibia as well as a meniscal tear. In a Utilization Review Report dated April 30, 2014, the claims administrator denied a request for MRI imaging of the knee. The claims administrator stated that the attending provider had sought a new MRI on the grounds that the applicant was in the process of pursuing arthroscopic knee surgery and that the old MRI was too dated for preoperative planning purposes. The claims administrator stated that he did not have a record of what treatment or treatments had transpired to date and further stated that it was uncertain whether or not the applicant had been approved for knee surgery. The applicant's attorney subsequently appealed.In a May 30, 2014 progress note, the applicant reported persistent complaints of low back and knee pain. The applicant was ambulating with the aid of a cane and had difficulty performing activities as basic as standing, sitting, and bending, it was further noted. The applicant did somehow drive himself to the evaluation, it was noted. An antalgic gait was appreciated. Portions of the note were handwritten and difficult to follow. It was stated that the applicant had a meniscal tear. Oxycodone, a knee brace, TENS unit, and ice pack were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. The applicant was apparently asked to follow up with a knee surgeon. On April 30, 2014, the applicant was placed off of work, on total temporary disability. Norco, Cymbalta, a knee brace, TENS unit, and ice packs were endorsed. Authorization for left knee surgery was sought. The applicant stated that he could not go back to work. The attending provider stated that he attributed this to the failure of the claims administrator to authorize neither treatment.

The applicant was smoking. The applicant was using a cane to move about. The applicant exhibited a visibly antalgic gait in the clinic with quadriceps atrophy noted. The applicant was again placed off of work, on total temporary disability. On August 2, 2014, the applicant was described as a candidate for knee surgery. The applicant was again using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Knee and Leg Chapter- MRI.

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

Decision rationale: While the California MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging is the test of choice to help confirm a diagnosis of meniscal tear, the issue suspected here, ACOEM qualifies the recommendation by noting that knee MRI imaging should be performed only if surgery is being actively considered. In this case, both the attending provider and claims administrator have suggested that the applicant is, in fact, actively contemplating knee surgery on the grounds that conservative treatments had been tried, exhausted, and had proven unsuccessful. The earlier knee MRI, it has been suggested, is too old for preoperative planning purposes. A knee MRI to delineate the applicant's meniscal tear and/or establish the need for surgical intervention is therefore, indicated. Accordingly, the request is medically necessary.