

Case Number:	CM14-0067465		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2003
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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, 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 injured worker is a 56-year-old male who reported an injury on 03/14/2003. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc derangement, lumbar radiculopathy, bilateral knee chondromalacia patella, right knee lateral meniscus tear, right shoulder strain, and anxiety/depression. The previous treatments included medication and physical therapy. The diagnostic testing included an MRI. Within the clinical note dated 04/17/2014, it was reported the injured worker complained of increased pain in both knees. He complained of difficulty when standing and walking. Upon the physical examination, the provider noted swelling and mild effusion present in both knees. Tenderness to palpation of the medial and lateral joint line in both knees. The injured worker had a positive patella grind test bilaterally. The quadriceps inhibition test was positive bilaterally. The range of motion of the right knee was limited with -10 degrees of extension and 124 of flexion. The provider noted the left knee showed -5 degrees of extension and 120 of flexion. The provider requested an MRI of the left knee to evaluate the progression of his knee pathology. The Request for Authorization was submitted and dated 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left Knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS/ACOEM Guidelines note special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following a trauma. The patient is able to walk without a limp. The patient had a twisting injury and there is no effusion. The guidelines note most knee problems improve quickly once any red flag issues are ruled out. There is lack of documentation indicating the injured worker tried and failed on at least 4 to 6 weeks of conservative therapy. The guidelines note an MRI confirms a tear, this test is indicated only if surgery is contemplated. There is lack of documentation indicating the provider recommended surgery. Therefore, the request is not medically necessary.