

Case Number:	CM14-0073494		
Date Assigned:	07/16/2014	Date of Injury:	03/15/2006
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 injured worker is a 65-year-old male who has submitted a claim for post lumbar laminectomy syndrome, low back pain, spinal lumbar degenerative disc disease, and left leg swelling associated with an industrial injury date of 03/15/2006. Medical records from 09/25/2013 to 07/16/2014 were reviewed and showed that the injured worker complained of left leg pain with popping (04/09/2014). Physical examination (03/31/2014) revealed left leg swelling. Complete knee evaluation was not made available. Bilateral lower extremity venous Doppler ultrasound dated 09/25/2013 revealed DVT from the right superficial femoral to calf veins. Of note, MRI of the left knee was requested to rule out meniscal tear (04/09/2014). MRI of left knee dated 04/24/2014 revealed severe medial compartment arthrosis, degenerative fraying in the posterior horn and body of lateral meniscus and anterior horn of lateral meniscus, and increased signal of distal ACL which may be secondary to degeneration rule out sprain/tear with no evidence of complete disruption. Treatment to date has included pain medications such as Percocet and Celebrex. Utilization review dated 05/09/2014 denied the request for MRI of the left knee because there was no documentation of an abnormal knee examination or symptoms referable to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 13-1.

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear pre-operatively. In this case, the injured worker complained of left leg pain with popping noted (04/09/2014). A request for knee MRI was requested to rule out meniscal tear. However, complete knee evaluation was not made available to support the need for knee MRI study. There was no clear indication for knee MRI based on the available medical records. Of note, MRI of the left knee was done on 04/24/2014 with results of degenerative changes in medial and lateral meniscus, medial compartment arthrosis, and increased signal of distal ACL which may be secondary to degeneration rule out sprain/tear with no evidence of complete disruption. Therefore, the request for MRI of left knee is not medically necessary.