

Case Number:	CM14-0077841		
Date Assigned:	08/29/2014	Date of Injury:	08/13/2009
Decision Date:	10/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 41-year-old male who reported an injury on 08/13/1999, the mechanism of injury was not provided. On 03/17/2014 the injured worker presented with right knee pain. Upon examination of the right knee there was mild effusion and tenderness to palpation over the medial and lateral joint line. The range of motion values for the right knee was 125 degrees flexion and 0 degrees extension. There was a positive McMurray's testing on the medial and lateral site. An x-ray of the right knee performed on 02/05/2014 revealed unremarkable plain film study of the knee. The diagnoses were status post right knee arthroscopy, meniscectomy and chondroplasty on 03/01/2012, and status post right knee crush injury. The provider recommended an MRI of the right knee to rule out peroneal tendon and posterior tibial tendon tears and evaluate tibiotalar articular surfaces to rule out osteochondral injury. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 372, 341-343. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) 12th edition, Ankle and Foot Chapter, Magnetic resonance imaging (MRI); Knee and Leg Chapter, MRI.

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

Decision rationale: The California MTUS/ACOEM Guidelines states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For injured workers with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion or false positive test results because of the possibility of identifying a problem that was present before the symptoms began and therefore has no temporal association with the current symptoms. There is lack of documentation in the medical documents provided of previous conservative care treatments the injured worker underwent and the efficacy of those treatments. Additionally, there is a lack of any red flag conditions. As such, medical necessity has not been established.