

Case Number:	CM14-0081534		
Date Assigned:	07/18/2014	Date of Injury:	11/17/2009
Decision Date:	09/23/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/17/09. A utilization review determination dated 5/27/14 recommends non-certification of left knee MRI. 4/23/14 chiropractic report identifies left knee exacerbation approximately six week prior with pain and swelling. Pain is 6/10. On exam, there is edema over the patellar tendon just inferior to the kneecap. McMurray test is positive for pain, but no popping. Varus stress testing is positive with severe pain over the lateral aspect of the knee joint making the patient wince and draw his leg away. Lateral and medial tenderness. He is unable to squat and could not balance on either leg independently. There is patellofemoral crepitus during AROM. ROM is 0-105. He has a history of left knee arthroscopy in 2010. He had a right knee injury in 2012 and the provider believes that the flare-up of pain is due to favoring that knee. Recommendations included 6 PT sessions, left knee brace with patella tendon support, referral to an MD for medication management, and an MRI of the left knee given the normal radiographs.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-
<https://www.acoempracguides.org/knee>; Table 2, Summary Of Recommendations, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343, 348, 350.

Decision rationale: Regarding the request for MRI left knee, CA MTUS and ACOEM note that, in the absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no indication of any red flags, locking, catching, or evidence of ligamentous injury. The patient does have a history of arthroscopy and the current symptoms/findings are pain, swelling, and mild ROM limitation. Additionally, the provider concurrently recommended conservative management in the form of a knee brace and a course of physical therapy. Given the absence of any red flags or evidence of internal derangement, advanced imaging is not indication prior to failure of conservative management. In light of the above issues, the currently requested MRI left knee is not medically necessary.