

Case Number:	CM14-0087501		
Date Assigned:	07/23/2014	Date of Injury:	01/20/2009
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 49 year old male who sustained an industrial injury on 01/20/2009. The mechanism of injury was that the patient stepped off a ladder and twisted his left knee which popped and buckled. His diagnoses include left knee pain- s/p left knee arthroscopy, partial medial meniscectomy, patellar chondroplasty, medical femoral condyle chondroplasty and synovectomy of all three compartments on 07/18/2011, and an ACL reconstruction on 05/04/2012 and right knee pain with a documented meniscal tear. He complains of increased right knee pain and on exam has tenderness of the medial aspect of the right knee. Treatments in addition to surgery have included medication, physical therapy, chiropractic care, knee brace, and Orthovisc injections. The requesting provider has requested an MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Knee & Leg Chapter, Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: There is no indication for the requested MRI of the right knee. Per the reviewed documentation the patient has a documented right medial meniscus tear. Per ACOEM guidelines, MRI is the appropriate study to evaluate acute trauma to the knee including significant trauma (e.g. motor vehicle accident), or if suspect knee dislocation or ligament or cartilage disruption. Repeat MRI is appropriate to evaluate post-surgical changes if indicated. There was a lack of documentation including the patient's prior studies. In addition, there was a lack of objective findings on physical examination and no recent documentation of findings on plain radiographs to support the necessity for an MRI. The requested item is not medically necessary.