

Case Number:	CM14-0088680		
Date Assigned:	07/23/2014	Date of Injury:	01/25/2002
Decision Date:	10/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 patient is 60 year old female with date of injury 1/25/02, with a mechanism of trauma being repetitive injury with cumulative trauma. When examined on 05/09/14, she complained of progressively worsening left knee pain. Physical examination revealed crepitance throughout the range of motion with 1+ effusion. No orthopedic tests were documented. A diagnosis of internal left knee derangement was tendered. Treatment to date: medications, physical therapy, TENS. An adverse determination was received on 5/29/14; because the patient had already had an MRI of the left knee, and other than effusion, there was inadequate documentation of instability or chronic effusion despite conservative care, the request for a second MRI of the left knee was considered not medically necessary.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: CA MTUS recommends MRI 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 preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. This patient presented with persistent pain in the left knee 12 years post-injury, and a 1+ effusion. An effusion 12 years post-injury classifies as a recurrence, and CA MTUS guidelines recommend MRI for a recurrent effusion. Therefore, the request for MRI of the left knee is medically necessary.