

Case Number:	CM14-0094230		
Date Assigned:	07/25/2014	Date of Injury:	10/14/2013
Decision Date:	10/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 71-year-old female, who reported a work related injury on 10/14/2013. The injured worker's diagnoses consist of right knee pain, cervical and thoracic pain, and lumbar pain. The injured worker's past treatment has included surgical intervention, injections, medication management, and chiropractic care. The injured worker's diagnostic studies included MRI on 12/06/2013, which revealed horizontally oriented tear through the body of the lateral meniscus of the right knee. There was degenerative cartilage loss in the medial and lateral compartments, and a Baker's cyst was also noted. The injured worker's surgical history included knee surgery on 02/21/2014. Upon examination on 06/27/2014, the injured worker complained of right knee pain. The injured worker rated her pain as a 5/10 on a VAS pain scale. The injured worker stated her pain was constant, deep, aching, causing stiffness and throbbing. The injured worker also stated that her pain radiated down to the right. Upon physical examination of the right knee, it was noted that the injured worker had a moderate level of decrease in range of motion to include extension, internal rotation, and external rotation. It was also noted that the injured worker had moderate pain to palpation of the right knee. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of an MRI to the right knee due to continued complaints and 6 chiropractic office visits for spinal complaints. The rationale for the request was continued complaints. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Rt Knee - Denied by Physician Advisor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd ED., Knee Chapter, algorithms 13-1 and 13-3ODG, Knee & Leg Chapter, MRI section; Indications for imaging --MRI (magnetic resonance imaging)

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

Decision rationale: The request for MRI of the right knee is not medically necessary. California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR), in its most recent appropriateness criteria, lists the following clinical parameters as predicting absence of significant fracture, and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp; patient had a twisting injury and there is no effusion; no joint effusion within 24 hours of direct blow or fall, no palpable tenderness over fibular head or patella, no inability to walk 4 steps or bear weight immediately or within a week of the trauma, and inability to flex the knee to 90 degrees. It is noted that the injured worker is status post partial lateral meniscectomy on 02/21/2014, and had a steroid injection on 05/05/2014. It is not noted within the documentation that the injured worker had any exacerbation of the knee or functional deficits that would warrant the need of an MRI. As such, the request for repeat MRI rt knee - denied by physician advisor is not medically necessary.

Chiro 1x6 rt Knee - Denied by Physician Advisor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Manual therapy & manipu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58.

Decision rationale: California MTUS states manual therapy and manipulation of the knee is not recommended. As such, the request for chiro 1x6 rt knee - denied by physician advisor is not medically necessary.