

Case Number:	CM14-0007823		
Date Assigned:	02/07/2014	Date of Injury:	04/08/2012
Decision Date:	01/05/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/16/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for knee and shoulder pain reportedly associated with an industrial injury of April 8, 2012. In a Utilization Review Report dated December 13, 2013, the claims administrator failed to approve a request for knee MRI imaging, invoking non-MTUS ODG Guidelines. The claims administrator referenced a request for authorization form dated December 5, 2013 and progress note of November 26, 2013 in its denial. The applicant's attorney subsequently appealed. In said progress note of November 26, 2013, the applicant presented with ongoing complaints of knee pain with complaints of giving way, crepitation, stiffness, and swelling, exacerbated by activities such as standing, walking, squatting, stooping, and negotiating stairs. Complaints of neck, shoulder, and thoracic spine pain were also appreciated. The applicant had not worked since April 2012, it was acknowledged, and was presently receiving Workers' Compensation indemnity benefits, it was stated. The applicant stood 5 feet 7 inches tall, weighed 220 pounds, and was 54 years old, it was noted. The applicant was diabetic and hypertensive, it was further acknowledged. A positive McMurray maneuver with positive medial and lateral joint line tenderness was appreciated about the injured knee. X-rays of the knee were notable only for mild degenerative changes bilaterally. The attending provider suggested obtaining MRI imaging of the right knee to search for meniscal pathology involving the same. The applicant was placed off of work, on total temporary disability. MRI imaging studies of the left shoulder, right shoulder, and thoracic spine were also sought. The applicant was placed off of work. The requesting provider was an orthopedic surgeon. Earlier right knee MRI imaging of June 4, 2012 was notable for meniscal derangement. It was stated a small tear was not as necessarily excluded.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI

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

Decision rationale: The stated operating diagnoses and/or primary suspected diagnoses here is that of knee meniscal tear/knee meniscal derangement. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging of the knee can be employed to confirm a diagnosis of meniscus tear, as is suspected here, ACOEM qualifies this recommendation by noting that such testing is indicated only if surgery is being contemplated. Here, however, there was no clear statement from the requesting provider that the applicant was in fact actively considering or contemplating any kind of surgical remedy insofar as the injured knee was concerned. In this case, there was neither an explicit statement (nor an implicit expectation) from the requesting provider that the applicant would act on the results of the proposed knee MRI and/or consider surgical intervention involving the same. Therefore, the request for MRI of the Right Knee is not medically necessary.