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| Case Number: | CM14-0161794 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 03/26/2011 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 26, 2011. In a utilization review report dated September 10, 2014, the claims administrator failed to approve a request for MRI imaging of the knee. The claims administrator referenced an RFA form received on August 28, 2014 in its determination. The applicant's attorney subsequently appealed. On said August 28, 2014 progress note, the applicant reported ongoing complaints of knee and leg pain. A corticosteroid injection did not generate significant pain relief, it was reported. Catching, locking, and swelling about the knee were reported. The applicant exhibited a positive McMurray maneuver about the injured knee. A mild effusion was noted. MRI imaging in search for a meniscal tear was sought to evaluate the applicant's ongoing knee complaints. The attending provider, an orthopedic surgeon, stated that the applicant might need a knee arthroscopy if symptoms persisted given the failure of conservative management.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: Yes, the proposed knee MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335, MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was suspected here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does qualify its position by noting that such testing is indicated only if surgery is being considered or contemplated, here, the attending provider, an orthopedic knee surgeon, did state on August 28, 2014 that he would act on the results of the knee MRI in question and to go on to consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.