

Case Number:	CM14-0179381		
Date Assigned:	11/03/2014	Date of Injury:	04/14/1992
Decision Date:	04/20/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male, who sustained an industrial injury on 4/14/1992. Diagnoses include internal derangement right knee, and history of arthroscopy (1995). Treatment to date has included ice, heat, massage and NSAIDs, Per the Orthopedic Consultation dated 8/13/2014, the injured worker reported constant throbbing right knee pain with numbness that radiates distally to the right foot and ankle. His knee gives way three to four times a week and is constantly swollen. He has a complaint of throbbing left knee and ankle pain. Physical examination of the right knee revealed swelling and effusion with medial joint line tenderness. Popliteal space, patellar tracking and patellar mechanism were normal bilaterally. There was no crepitation upon extension or flexion and there was no patellar grinding bilaterally. Joint stability was normal. There was a positive Apley's grind test. The x-ray report was unavailable for review. The plan of care included medications and magnetic resonance imaging (MRI) of the right knee. Authorization was requested for 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1, 13-3, page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.