

Case Number:	CM14-0185318		
Date Assigned:	11/13/2014	Date of Injury:	07/02/2013
Decision Date:	01/20/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of July 2, 2013. A utilization review determination dated October 8, 2014 recommends non-certification for an MRI of the right knee. A progress report dated September 11, 2014, identifies subjective complaints including pain rated at 1-2/10 in the knee status post meniscus repair surgery. The pain is worse with certain activities. Medications offer temporary relief. Physical examination findings reveal a well healed surgical scar with slightly reduced flexion in the right knee. There is decreased sensation to light touch in the L4, L5, and S1 dermatomes in the right lower extremity with reduced strength in the right lower extremity. Diagnosis is status post right knee meniscus repair with residual pain. The treatment plan recommends continuing the current oral medications and physical therapy 3 times a week for 6 weeks for the right knee. Chiropractic care is also recommended. A report dated August 14, 2014 includes a recommendation to undergo a course of shockwave therapy for the right knee and requests an 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 right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for MRI right 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. Within the documentation available for review, it is clear the patient is having ongoing mild pain following a meniscus repair surgery. However, it appears the requesting physician feels that further conservative treatment may improve the patient's symptoms. There is no documentation of any red flag conditions for which acute imaging would be needed. Additionally, the requesting physician has not identified a differential diagnosis which is being evaluated with the MRI, or a statement indicating how the MRI will change the current treatment plan. Therefore, this request is not medically necessary.