MAXIMUS Federal Services

Case Number:	CM14-0193193		
Date Assigned:	11/26/2014	Date of Injury:	12/13/2011
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 December 13, 2011. A utilization review determination dated November 5, 2014 recommends non-certification of an MRI of the patient's left knee. Non-certification was recommended due to no documentation of recent physical therapy visits or physical examination findings of positive orthopedic maneuvers. A progress report dated October 27, 2014 identifies subjective complaints of low back pain. Physical examination findings revealed tenderness to palpation in the low back with normal strength and sensation. Diagnoses include lumbago, lumbar facet dysfunction, knee degenerative disc disease, and shoulder pain. The discussion recommends continuing the current medications and continuing a home exercise program. A report dated November 4, 2014 identifies subjective complaints of no change in the left knee pain. Objective examination findings indicate that the patient underwent an MRI of the left knee on August 19, 2014 which showed a tear of the lateral meniscus and possible tear of the medial meniscus. Diagnoses include medial meniscus tear in the left knee, tendinopathy in the shoulder, and lumbar strain. The treatment plan recommends continuing follow-up with his other physician. A progress report dated September 29, 2014 includes objective examination findings of left knee with moderate crepitus and tenderness to palpation diffusely. An MRI of the left knee dated August 19, 2014 shows thinned Cartledge, likely internal derangement of the medial meniscus, tear of the lateral meniscus, marginal osteophytes, as well as other findings.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343, 348.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), 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 left knee, the 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 appears the patient underwent a left knee MRI on August 19, 2014. It is unclear why a repeat MRI would be needed at this time There is no documentation of any intervening injury or change in subjective complaints and objective findings to support the need for a repeat MRI. As such, the currently requested MRI is not medically necessary