

Case Number:	CM14-0206614		
Date Assigned:	12/18/2014	Date of Injury:	08/29/2014
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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:

Injured worker is a female with date of injury 8/29/2014. Per initial orthopaedic consultation dated 11/10/2014, the injured worker is status post fall injury that resulted in immediate bilateral knee pain, left elbow pain and left shoulder pain. She had prior knee arthroscopy in 2006, however was doing well following that. She denies numbness and tingling in either lower extremity. On examination she walks without any difficulties or perceptible limp. She is able to ascend on and off the examination table without difficulties. There is no evidence of radiculopathy, myelopathy, or peripheral nerve motor or sensory deficits. Left knee examination reveals no evidence of suprapatellar effusion. There is no evidence of atrophy and there is good quadriceps tone. Range of motion of the left knee is 0-135 degrees. There is medial and lateral joint line tenderness and the McMurray's test is positive. She also demonstrates a positive squat test. X-ray of the knees demonstrates no significant degenerative changes or abnormalities. Diagnoses include 1) left shoulder probable impingement syndrome versus possible rotator cuff labral tear 2) left knee internal derangement and probably medial and lateral meniscal tear 3) right knee internal derangement and probable medial and lateral meniscal tears 4) left elbow contusion 5) left hip greater trochanteric bursitis with underlying osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335; 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The injured worker has positive findings on examination, however, her presentation is not of a severe knee injury with limitations. Her gait is normal and she is able to get on and off the examination table without difficulty. This is an initial evaluation, done two months following her injury. The injured worker does not appear to have participated in any physical therapy. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for MRI of the left knee is determined to not be medically necessary.