

Case Number:	CM15-0000004		
Date Assigned:	01/09/2015	Date of Injury:	12/11/2013
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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: North Carolina
Certification(s)/Specialty: Family Practice

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 24 year old male, who sustained an industrial injury on December 11, 2013. The mechanism of injury is unknown. The diagnosis was right knee internal derangement. Treatment to date has included physical therapy, cortisone injection and exercise. Currently, the IW complains of increased right knee pain. He rated the pain as a 7 on a 1-10 pain scale. He stated that the knee continues to fatigue at the end of the work day. On December 5, 2014, Utilization Review non-certified an MRI arthrogram of the right knee, noting the MTUS/ACOEM Guidelines, On December 31, 2014, the injured worker submitted an application for IMR for review of an MRI arthrogram 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 arthrogram right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively, in suspected meniscus tears, collateral ligament tears, patellar tendonitis, posterior Cruciate tears or prepatellar bursitis. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results), because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. In this case the patient is improving with conservative therapy. Per the progress notes, the physician is ordering the MRI because of medial joint line pain and mechanical symptoms on the medial side. The patient had a previous lateral meniscal tear and the medial meniscus was intact. Though the patient has medial knee complaints, there is no need for repeat MRI in the absence of new trauma or failure of conservative therapy to treat the new complaints. For these reasons, criteria per the ACOEM for ordering an MRI of the knee have not been met. Therefore the request is not certified.