

Case Number:	CM15-0109112		
Date Assigned:	06/15/2015	Date of Injury:	06/07/2013
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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 (IW) is a 40-year-old male who sustained an industrial injury on 06/07/2013. Diagnoses include lumbago, chronic pain NEC and joint pain-left leg, status post knee surgery. Treatment to date has included medications, injections, physical therapy and surgery. Progress notes dated 12/29/14 stated the injury involved twisting of the left knee. A medial meniscectomy was performed on 2/14/14. According to the Doctor's First Report of Occupational Injury or Illness dated 4/22/14 the IW reported continuing left knee pain since the original injury, despite conservative treatment and surgery. He related that after the surgery, the pain was worse and he could hardly walk. He denied any current medication use. The pain was described as constant and aching, rated 7/10 on average. It was aggravated by prolonged static positioning and weight-bearing activities and relieved by lying down. Activities of daily living were not affected, but employment was restricted. On examination, there was moderate tenderness of the left knee, mainly the medial aspect. The IW walked with assistance of a cane. A request was made for an MRI of the left knee to determine interval changes and assess the need for recommendation back to an orthopedic surgeon. A progress note dated April 22, 2015 indicates that the patient has undergone physical therapy, medication, and surgical intervention for this problem. Physical exam reveals decreased strength in the knee with antalgic gait.

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 Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): algorithms 13-1 and 13-3, and 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 documentation available for review, there are no signs of current internal derangement, and no recent thorough orthopedic examination of the knee has been performed in an attempt to identify what might be causing the patient's remaining pain. Additionally, it is unclear what conservative treatment has been attempted since the patient's surgical intervention. The absence of clarity regarding those issues, the currently requested MRI is not medically necessary.