

Case Number:	CM15-0130342		
Date Assigned:	07/16/2015	Date of Injury:	07/17/2010
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 17, 2010. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for a knee MRI. The claims administrator referenced a June 23, 2015 progress note in its determination. The claims administrator contended that the applicant had not in fact failed conservative treatment, despite the fact that the applicant was between four to five years removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was dated March 25, 2015; thus, the June 23, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. The applicant's attorney subsequently appealed. On March 25, 2015, the attending provider appealed previously denied physical therapy. Ongoing complaints of low back pain radiating to the bilateral lower extremities was reported on that date. On March 4, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Ancillary complaints of knee pain with associated locking, popping, and instability were noted. The applicant had undergone earlier right knee arthroscopy. The attending provider stated that he was seeking authorization for a left knee arthroscopy with partial medial meniscectomy. The applicant was given diagnoses of lumbar radiculopathy, shoulder tendinitis, and meniscal tear. The attending provider stated that he was seeking authorization for a left knee arthroscopy, noting that the applicant had a history of earlier right knee arthroscopy. The

attending provider stated that the applicant's favorable response to an earlier right knee arthroscopy suggested that the applicant would likely benefit from a left knee arthroscopy.

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: 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): 335.

Decision rationale: No, the proposed MRI of the right knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, ACOEM qualifies this position by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, the June 23, 2015 progress note on which the claims administrator based its decision upon was not incorporated into the IMR packet. The historical notes on file made no mention of the applicant's considering or contemplating any kind of right knee surgery. A March 4, 2015 progress note suggested that the applicant was considering left knee surgery. The information on file, thus, failed to support or substantiate the request for the right knee MRI. While it is acknowledged that the June 23, 2015 progress note at issue was not incorporated into the IMR packet, the historical notes on file made no mention of the applicant's considering right knee surgery. Therefore, the request was not medically necessary.