MAXIMUS Federal Services

Case Number:	CM15-0134141		
Date Assigned:	07/22/2015	Date of Injury:	04/14/2011
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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

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 56 year old female with an April 14, 2011 date of injury. A progress note dated June 5, 2015 documents subjective complaints (acute flare up of left lower extremity pain), objective findings (tenderness in the medial and lateral compartments of the left knee; slightly decreased range of motion of the left knee due to increased pain; crepitus is audible on movement; McMurray's test increases the pain in the left knee), and current diagnoses (contusion of the left knee, resolved; superimposed in degenerative joint disease, chronic; left knee sprain/strain; non-displaced fracture, left tibia). Treatments to date have included medications that provide relief and an increase in activities of daily living. The treating physician documented a plan of care that included a magnetic resonance imaging of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding Knee & Leg-Acute & Chronic, MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg Chapter under Magnetic resonance imaging.

Decision rationale: This patient presents with increased pain in the left knee. The current request is for Left knee MRI. The RFA is dated 06/05/15. Treatment to date has included medications. Work status: modified duty with restrictions. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines chapter knee and leg on topic of magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. Per report 03/17/15, the patient has tenderness in the medial and lateral compartment of the left knee, ROM is generally full with complaints of pain on movement and audible crepitus was noted. McMurray test increases pain. Examination finding were the same in report 06/05/15. The treater recommended an MRI of the left knee due to increased crepitus. There is no evidence this patient has had an MRI of the left knee to date, and the patient presents with consistent pain and positive examination findings of palpable tenderness, and increased crepitus. Given the lack of previous imaging of the left knee, an MRI could provide a clearer picture of this patient's underlying pathology. The request is medically necessary.