

Case Number:	CM15-0136150		
Date Assigned:	07/24/2015	Date of Injury:	06/28/2012
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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 53-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 28, 2012. In a utilization review report dated June 29, 2015, the claims administrator failed to approve a request for a knee MRI imaging ordered on June 17, 2015. The claims administrator contended that there was no evidence of conservative treatment failure in one section of his note, then acknowledging, somewhat incongruously, that the applicant had undergone an earlier failed knee arthroscopy. The applicant's attorney subsequently appealed. On said June 17, 2015 RFA form, knee MRI imaging was sought. The stated diagnosis was patellar tendonitis. In an associated work status report of June 17, 2015, it was acknowledged that the applicant was not improved significantly and was, in fact, retired. An associated progress note of June 17, 2015 was notable for commentary that the applicant had 5/10 residual knee pain complaints. The applicant had received only fleeting relief from corticosteroid injection therapy, it was reported. The applicant exhibited negative McMurray maneuver with a nonantalgic gait. Well-preserved knee range of motion was noted despite medial joint line tenderness. The applicant was asked to continue permanent work restrictions. Aquatic therapy was sought. The attending provider stated that he was ordering MRI imaging on the recommendation of a Qualified Medical Evaluator (QME). The attending provider suggested that he would likely make the applicant permanent and stationary at the next visit. The attending provider did not state how (or if) the proposed knee MRI would influence or alter treatment plan. The stated diagnoses included knee meniscal tear, knee chondromalacia, and knee arthritis. An

applicant questionnaire dated June 17, 2015 was notable for comments that the applicant was in fact off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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): 335.

Decision rationale: No, the request for MRI imaging 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, as was seemingly present here, ACOEM qualifies its position by noting that such testing is indicated only if surgery is being contemplated. Here, however, the attending provider seemingly stated on June 17, 2015 that he was ordering the MRI imaging in question for academic or evaluation purposes, without any clearly formed intention of acting on the results of the same. The attending provider stated that he was ordering the knee MRI in question on the recommendation of a medical-legal evaluator. The attending provider seemingly suggested that he was intent on moving the applicant toward permanent and stationary status, regardless of the outcome of the study in question. Therefore, the request was not medically necessary.