

Case Number:	CM15-0140621		
Date Assigned:	08/05/2015	Date of Injury:	09/18/2014
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 29 year old male with an industrial injury dated 09-18-2014. The injured worker's diagnoses include contusion of shoulder region, other postsurgical status and upper arm laceration. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 07-07-2015, the injured worker presented for follow-up visit for right knee and right shoulder. The injured worker reported continued complaints of "knee giving out" status post right knee surgery on 3-16-2015. Objective findings revealed range of motion within normal limits. The treating physician reported that instability continues in the right knee. The treatment plan included diagnostic testing and additional physical therapy sessions. The treating physician prescribed services for post-operative Magnetic Resonance Imaging (MRI) of the right knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative MRI of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation 20th Edition, 2015 Updates: Knee Chapter, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-345.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. In this case, the request is for repeat imaging following an arthroscopic medial meniscus debridement on 3/16/15. The operative report describes an uncomplicated meniscal debridement and notes there was no other intra-articular pathology identified. Post-operatively there was no new injury and the documentation does not support true mechanical symptoms, instability or knee effusion which would be indicative of intra-articular pathology. The exam notes from 5/12/15 does not document the presence of an effusion, tenderness to palpation or abnormal motion. The clinical information submitted for review does not demonstrate any objective findings to indicate new pathology in the setting of recent surgery. Therefore the request for a post-operative right knee MRI is not medically necessary.