

Case Number:	CM15-0142531		
Date Assigned:	08/03/2015	Date of Injury:	02/10/2015
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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: Family Practice

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 57 year old female, who sustained an industrial injury on 2-10-2015. She reported slipping and falling, twisting her right ankle and landing on her left knee. Diagnoses have included sprain of lumbar region, sprain of ankle, bilateral knee contusion, bilateral patellofemoral syndrome and pain in lower leg joint. Treatment to date has included physical therapy, medication and knee stabilizers. According to the progress report dated 7-7-2015, the injured worker complained of lumbar spine, bilateral knee and right ankle symptoms. She rated her bilateral knee pain as three to six out of ten, with greater pain on the right. There was moderate instability of both knees, greater on the right. She also reported locking and clicking of knees. Exam of the knees revealed slight effusion bilaterally. There was moderate tenderness to palpation on the right at the lateral joint line. Compression testing was slightly positive on the right. Authorization was requested for an open magnetic resonance imaging (MRI) of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the Right Knee QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Indications for imaging - MRI.

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

Decision rationale: According to the CA MTUS ACOEM knee chapter, special studies are not needed to evaluate most knee complaints in patients who are able to walk without a limp, or who sustained a twisting injury without effusion, until after a period of conservative care and observation. The clinical parameters for ordering knee radiography following trauma in this population are joint effusion within 24 hours of direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of trauma, and inability to flex the knee to 90 degrees. It also states that while experienced examiners usually can diagnose most knee complaints in the non-acute stage based on history and examination, some injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable. It further states that MRIs are superior to arthrography. In this case, the injured worker remains symptomatic despite conservative care and has positive physical examination findings that would support the request for advanced imaging studies. The request for Open MRI of the Right Knee QTY: 1 is medically necessary and appropriate.