

Case Number:	CM15-0162294		
Date Assigned:	09/04/2015	Date of Injury:	05/21/2014
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/18/2015

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 43 year old female, who sustained an industrial injury on May 21, 2014. She reported injury to the right knee. The injured worker was diagnosed as having right medial meniscus tear. Treatment to date has included diagnostic studies, surgery, medication, massage, neoprene sleeve, light duty, knee brace, cane and physical therapy. Despite a right knee arthroscopy with lateral retinacular release and extensive physical therapy, the injured worker noted no improvement. On July 27, 2015, the injured worker complained of right knee pain rated as a 5 on a 1-10 pain scale. Activity was noted to worsen the condition. The treatment plan included an MRI of the quadriceps, laboratory evaluation and a follow-up visit. A request was made for an MRI of the right knee with contrast and three view x-rays of the right knee. The injured worker last underwent magnetic resonance imaging on March 20, 2015.

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 with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRIs.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS ACOEM guidelines state that 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. In this case, the injured worker has previously undergone post operative magnetic resonance imaging, and in the absence of re-injury or red flags, the request for updated imaging is not supported. The request for MRI of the right knee with contrast is not medically necessary and appropriate.

Three view x-rays of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS ACOEM guidelines, 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. In this case, the injured worker underwent right knee surgical intervention in 2014 and remains with subjective and objective functional deficits. The request for updated radiographic imaging is supported. The request for Three view x-rays of the right knee is medically necessary and appropriate.