

Case Number:	CM15-0186331		
Date Assigned:	09/28/2015	Date of Injury:	08/02/2013
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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: 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 42-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 2, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for MRI imaging of the left knee. The claims administrator referenced an RFA form received on September 8, 2015 and associated progress note of July 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 20, 2015 office visit, the applicant reported ongoing complaints of severe left lower extremity pain. The applicant developed a DVT following earlier knee surgery in 2013, it was reported. The applicant also reported paresthesias about the left lower extremity. The applicant was on Zestril, Prilosec, tramadol, Neurontin, Xarelto, and Norco, it was acknowledged. The applicant was described as obese, standing 71 inches and weighing 300 pounds. The applicant exhibited an enlarged left lower extremity with trace edema. The applicant was given diagnosis of chronic pain syndrome involving the left lower extremity, given diagnosis of chronic left lower extremity pain status post earlier left knee surgery, history of left lower extremity DVT, and obesity. The applicant was placed off of work, on total temporary disability. Physical therapy was endorsed to ameliorate the applicant's gait. There was no seeming mention of the need for knee MRI imaging. On March 12, 2015, the applicant underwent left lower extremity angiogram, left femoral vein and common femoral vein angioplasty, and percutaneous mechanical thrombectomy to ameliorate a preoperative diagnosis of left lower extremity deep venous thrombosis. On April 24, 2015, physical therapy, Lidoderm patches, and several topical compounds were endorsed while the applicant was placed off of work, on total temporary disability. There was no seeming mention made of the need for the knee MRI imaging at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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) Knee - MRI studies.

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

Decision rationale: No, the request for MRI imaging of the left 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 MRI imaging can be employed to confirm a diagnosis of meniscus tear, here, however, the treating provider on July 27, 2015 office visit suggested that the applicant had residual left knee pain complaints secondary to historical DVT about the same. There was no mention of the applicant's carrying a diagnosis of meniscal derangement of the knee, on or around date in question, July 20, 2015. Said July 20, 2015 office visit did not make any explicit mention of the need for knee MRI imaging. The MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 states that, while knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, that said imaging should be employed only when surgery is being considered or contemplated. Here, however, there is no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the knee based on the outcome of the study in question. The July 20, 2015 office visit, in short, failed to support or substantiate the request. Therefore, the request was not medically necessary.