

Case Number:	CM15-0186567		
Date Assigned:	09/28/2015	Date of Injury:	06/20/2014
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
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: New Jersey, New York
 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 59 year old male, who sustained an industrial injury on 6-20-14. The injured worker was diagnosed as having right knee sprain; right knee -calf contusion-ecchymosis; contusion-ecchymosis thigh right. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-11-15 indicated the injured worker's injury was over a year ago. He has been treated in this office for a right knee injury. He was not worked since his injury. The provider documents "He complains of ongoing pain in the right anterior knee with prolonged walking, uphill walking, climbing, etc. He also complains of pain over the medial knee with pivoting. He complains 'mild popping' on and off, but denies catching. He's unable to squat and 'knee feels weak'. He feels knee may be 'unstable' now and then." Objective findings are documented as "right knee: minimal swelling over medial knee, no definite effusion, marked tenderness to palpation over knee, medial knee and vastus medialis, end range flexion painful and light, McMurray positive-negative; Valgus strain positive and unable to squat. Normal gait without antalgia, no edema or effusion, no crepitus, no discoloration, no deformity, no scar, no open wound, lateral joint line nontender, strength is reduced, distal sensation and pulses intact. Range of motion at knee (estimated) flexion 145-150 degrees; extension 0-0-degrees with minimal tightness. Infra-patellar tendon and patellar tender; popliteal fossa nontender; Lachman's test negative; negative anterior and posterior drawer tests for laxity. The provider's treatment plan indicates the right knee injury over one year ago and still remains symptomatic with limitations of activity. He feels it is "imperative to obtain MRI" as treatment plan will change based on MRI findings. A MRI right knee dated 8-28-15 impression: "1)

Medial meniscus degeneration with very small oblique tear of the posterior horn undersurface. 2) Moderate-sized longitudinal partial-thickness tear in the periphery of the lateral meniscus anterior horn. 3) Proximal medial collateral ligament scarring and chronic traction bone spur formation at the femoral attachment level as described. The ligaments are otherwise normal and intact. 4) Minimal diffuse osteophytic bone spurring. No obvious cartilage erosion or defect identified." The medical documentation submitted does not relate to any other therapy as of 2015 or medications for pain being prescribed. No other diagnostic studies were available for review or noted in medical documentation submitted. A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 8-25-15 and non-certification was for a MRI of the right knee. A request for authorization has been received for a 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:

MRI of the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, Knee/Leg.

Decision rationale: The request is considered not medically necessary. This limited chart does not provide enough documentation to warrant an MRI. According to ODG, the patient should have an MRI if there was acute trauma, nondiagnostic radiographic imaging, or internal derangement seen on x-ray which was not demonstrated in the chart. There was no documentation of x-ray and failed response to conservative therapy. Therefore the request is not medically necessary.