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| Case Number: | CM15-0190195 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 11/30/2009 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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, Illinois

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 injured worker is a 34 year old male, who sustained an industrial injury on 11-30-2009. The injured worker is being treated for soft tissue contusion anterior mid shaft of tibia and left knee strain rule out meniscal tear. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 8-19-2015, the injured worker reported low back, left knee and bilateral feet-shin pain. He reported frequent pain in his left knee and denied any pain in his right knee. He reported swelling, popping and clicking in the left knee. He rated his pain as 7 out of 10. Objective findings of the left knee included flexion 140 (150) and extension 0 (0). Palpation of the medial joint line and lateral joint line revealed tenderness. Magnetic resonance imaging (MRI) of the left lower extremity dated 3-18-2011 was read by the provider as "soft tissue contusion of the anterior mid shaft of the tibia." The notes from the provider do not document efficacy of the prescribed medications he is currently working unrestricted. The plan of care included diagnostic imaging and authorization was requested for magnetic resonance imaging (MRI) left knee. On 9-15-2015, Utilization Review non-certified the request for MRI left knee.

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: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015, Knee & Leg chapter-MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Magnetic Resonance.

Decision rationale: The injured worker sustained a work related injury on 11-30-2009. The medical records provided indicate the diagnosis of soft tissue contusion anterior mid shaft of tibia and left knee strain rule out meniscal tear. Treatment to date has included medications and physical therapy. The medical records provided for review do not indicate a medical necessity for MRI of the left knee. The medical record indicate the injured worker initially sustained injuries to the left lower leg and the ankle for which he received treatment. However left knee pain started after some time. It is not clear from the records what treatments have been tried and failed regarding the left knee; also, the knee examination was unremarkable. The MRI recommends against over reliance on imaging studies to evaluate the source of knee symptoms. The Official Disability Guidelines states that MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. Based on lack of documentation of failed Conservative treatment for the left knee, and based on the fact that the knee examination was unremarkable, the request for MRI left knee is not medically necessary considering the duration of the injury.