

Case Number:	CM15-0198463		
Date Assigned:	10/13/2015	Date of Injury:	04/20/2002
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old, male who sustained a work related injury on 4-20-02. A review of the medical records shows he is being treated for low back and left knee pain. Treatments have included left knee surgery x 2 and medications. Current medications include Fexmid, Lunesta, Nalfon, Ultram ER and Norco. In the progress notes, the injured worker reports pain in his left knee. He states that the "medications and compound creams are helpful in alleviating some of the pain." He rates his pain a 6 out of 10 after taking Fexmid, a 7 out of 10 to a 5 out of 10 after taking Tramadol and from 6 out of 10 to 3 out of 10 after taking Nalfon. On physical exam dated 9-8-15, he has tenderness over the posteromedial and posterolateral left knee ligament line. He has a positive McMurray's sign. He has a positive joint effusion. He is not working. The treatment plan includes requests for medication refills, for an MRI of the left knee, for an extension of lumbar fusion and for a urine toxicology test. The Request for Authorization dated 9-8-15 has requests for Fexmid, Lunesta, Nalfon, Ultram ER, Norco, for an MRI of the left knee and for urine toxicology testing. In the Utilization Review dated 10-2-15, the requested treatment of an MRI of the left knee is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (IMR) of the left knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Knee & Leg Chapter, MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with low back and left knee pain. The patient has undergone two surgeries on the left knee. The current request is for MRI of the left knee. The treating physician states on 9/8/15 (12B) "I am requesting MRI of the left knee since he is having ongoing pain status post surgery times two." ODG states that an MRI is reasonable if internal derangement is suspected. The report from 9/8/15 describes positive tenderness over the posteromedial and posterolateral ligament line and positive McMurray's sign and joint effusion. While the treating physician does not discuss concerns regarding internal derangement, given the positive McMurray's sign, persistent pain and tenderness, and the injury that is chronic, an MRI would be appropriate. Review of the reports do not show that this patient has had an MRI done post operatively. The current request is medically necessary.