

Case Number:	CM15-0199540		
Date Assigned:	10/14/2015	Date of Injury:	10/25/2013
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 51 year old male, who sustained an industrial injury on 10-25-2013. A review of the medical records indicates that the worker is undergoing treatment for left knee contusion, rule out new meniscal tear of the left knee and left knee popliteal pain and hamstring tendonitis. MRI of the left knee on 06-24-2014 was noted to show no definite evidence of meniscal tear and intact collateral and cruciate ligaments. Standing x-rays of the bilateral knees on 12-17-2014 were noted to show no signs of joint space narrowing or osteoarthritis. Subjective complaints (04-02-2015) include constant left knee pain rated as a 5-9 out of 10. Objective findings (04-02-2015) revealed a limp favoring the left leg, decreased range of motion of the left knee to flexion, tenderness to palpation of the medial and lateral joint line on the left, positive McMurray's test on the left and positive patellofemoral grind test on the left. Subjective complaints (09-03-2015) include persistent left knee pain rated as 3-4 out of 10 with occasional locking and more pain with prolonged ambulation. Motrin and rest were noted to help decrease pain. Objective findings (09-03-2015) include tenderness over the popliteal fossa, medial and lateral joint lines of the left knee, positive McMurray's test on the left, slight crepitus with active and passive range of motion and range of motion of 120 degrees with flexion and 0 degrees of extension. Treatment has included Motrin, physical therapy and cortisone injection. The physician noted that due to worsening symptomatology and physical examination findings suggestive of meniscal tear, he wanted to request an MRI of the left knee with contrast. A utilization review dated 09-15-2015 non-certified a request for MRI of the left knee with contrast.

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 with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg: MRI (magnetic resonance imaging).

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

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. In this case, the injured worker had a previous MRI of the left knee in June 2014 that revealed no meniscal tear. There has been no new injury or significant change in symptoms that would warrant a repeat left knee MRI. The request for MRI of the left knee with contrast is not medically necessary.