

Case Number:	CM15-0207528		
Date Assigned:	10/26/2015	Date of Injury:	07/08/2015
Decision Date:	12/07/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: California

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 52 year old male who sustained an industrial injury 07-08-15. A review of the medical records reveals the injured worker is undergoing treatment for left knee meniscus tear, left knee pain, and left knee sprain-strain. Medical records (09-08-15) reveal the injured worker complains of left knee pain rated at 7/10 without medications and 4/10 with medications. The physical exam (09-08-15) reveals muscle weakness to the left knee due to pain. Ranges of motion are painful. Tenderness to palpation is also noted. Prior treatment includes acupuncture, physical therapy, and medications including cyclobenzaprine, nabumetone, tramadol, ketorolac, Voltaren gel, and lidocaine patches. The treating provider reports the plan of care as an interferential unit, additional physical therapy and acupuncture, a hot-cold unit, medications including Naprosyn, Prilosec, tramadol, and cyclobenzaprine, as well as HMPHCC2 and HNPC1 topical compounds, and a MRI of the left knee. The original utilization review (10-05-15) non certified the request for a MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left knee: Upheld

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

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

Decision rationale: Review indicates the patient with recent MRI of the knee on 8/15/15 noted to show torn meniscus. Symptoms remain unchanged with knee exam showing no swelling, tenderness on range of 0-80 degrees with pain on McMurray's and Apley's tests. The patient has unchanged symptom complaints and clinical findings for this injury without clinical change, red- flag conditions or functional deterioration to support for the repeat MRI. Besides continuous intermittent pain complaints, exam is without progressive neurological deficits, report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for repeating the MRI without significant change or acute findings. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The MRI Left knee is not medically necessary and appropriate.