

Case Number:	CM15-0223718		
Date Assigned:	11/19/2015	Date of Injury:	03/06/2015
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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 49 year old male, who sustained an industrial injury on 3-6-15. The injured worker was being treated for chronic tendonitis of bilateral shoulders, bilateral shoulder sprain-strain, tendonitis of right wrist, right knee sprain-strain and possible meniscus tear of right knee. On 7-14-15, the injured worker complains of right wrist and right knee pain with a sharp clicking in knee rated 7 out of 10 and increasing to 9 out of 10 with activity. He also notes weakness of right hand. Work status is modified duty. Physical exam performed on 7-14-15 revealed tenderness to palpation over pes anserine tendon of right knee and tenderness to palpation of the thenar aspect of right wrist with decreased range of motion and positive Tinel's over the median nerve. Treatment to date has included physical therapy, oral medications, home exercise program and activity modifications. The treatment plan included a request for authorization for MRI of right knee. On 10-28-15 request for MRI of right knee was denied as a duplicate request by utilization review.

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, QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Knee & Leg (Acute & Chronic), MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Magnetic resonance imaging.

Decision rationale: The current request is for MRI of the right knee, QTY: 1.00. Treatment to date has included physical therapy, oral medications, home exercise program and activity modifications. The patient remains temporarily totally disabled. ODG Guidelines, Knee and Leg chapter, under Magnetic resonance imaging states: Indications for imaging MRI: Acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic. If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic. Nontraumatic knee pain, adult-nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." Per report 07/14/15, the patient presents with right wrist and right knee pain with a sharp clicking in the knee. The pain is rated 7/10, and increasing to 9/10 with activity. Physical examination revealed tenderness to palpation over pes anserine tendon of right knee, and pain with McMurray's maneuver. The treater requested authorization for an MRI scan "to rule out a meniscus tear of the right knee since he is having mechanical symptoms." The patient has a date of injury of 03/06/15, and has complaints of persistent knee pain that has not resolved with medications, physical therapy and activity modification. This patient has not yet obtained an MRI of the knee and his pain has remained unresolved by conservative measures to date. Such imaging could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request is medically necessary.