

Case Number:	CM15-0030930		
Date Assigned:	02/25/2015	Date of Injury:	11/27/2013
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 female who sustained a work related injury November 27, 2013. While walking, her foot became tangled and she fell forward, landing on her left knee and felt immediate pain. She was diagnosed with a fractured patella. Past history included left patellar open reduction internal fixation January, 2014. According to a primary treating physician's progress report dated January 15, 2015, the injured worker presented with continued left knee pain 4/10, which increases to 6/10 with prolonged standing or walking. The pain is over the medial and lateral portions of the knee with occasional instability. Examination of the left knee revealed decrease range of motion, considered slight. There was palpable tenderness over the medial and lateral portions of the knee with no evidence of instability but significant crepitus and decreased sensation over the anterior lateral lower leg. Diagnoses are documented as left knee patellar fracture, s/p surgery; left knee patellofemoral pain; and right knee pain compensatory. Treatment plan included requests for electrodiagnostic studies, MRI of the left knee and compounded cream as an adjunct for better pain control. According to utilization review dated February 4, 2015, the request for MRI Left Knee is non-certified, citing MTUS ACOEM Guidelines and Official Disability Guidelines (ODG).

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: ACOEM chapter on knee complaints describes that MRI is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical indication. The submitted medical records describe a concern for persistent pain after prior knee surgery and concern for possible PCL tear. Left knee MRI is medically indicated.