

Case Number:	CM15-0031068		
Date Assigned:	02/24/2015	Date of Injury:	11/20/2013
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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, Arizona
 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 55-year-old male who reported an injury on 11/20/2013. The mechanism of injury was the injured worker slipped and fell with an 80 pound of sand. The injured worker felt a pop in his knee. Prior treatments included ice and medications. The documentation of 01/12/2015 revealed the injured worker was in the office for a complaint of left knee pain. The injured worker underwent a unicompartmental arthroplasty on the right knee and had occasional complaints of pain in the right knee, as well. The physical examination of the left knee revealed a positive McMurray's test for increased medial pain. The injured worker's knee range of motion was somewhat guarded. There was no limited range of motion. The injured worker was noted to undergo x-rays of the left knee, which did not reveal any significant joint space narrowing, osteophytic spurring or other abnormalities. The treatment plan included an MRI for further evaluation. The physician opined the injured worker may have a medial meniscal tear with possible early arthritis. The injured worker was noted to undergo a cortisone injection and would return back to work on full duty. There was no Request for Authorization submitted for review.

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, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 - 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once red flag issues are ruled out. The clinical documentation submitted for review indicated the physician opined the injured worker had a meniscal tear. However, there was a lack of documentation of a failure of conservative care, including exercise. Given the above, the request for MRI of the left knee, without contrast is not medically necessary.