

Case Number:	CM15-0031470		
Date Assigned:	02/24/2015	Date of Injury:	10/25/2013
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
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 50-year-old male who reported a twisting injury on 10/25/2013. The current diagnoses include left knee contusion and left knee popliteal pain with hamstring tendinitis. The injured worker presented on 12/22/2014 for a follow-up evaluation with regard to the left knee. The injured worker reported 5/10 pain. It was noted that the injured worker had been treated with 6 sessions of physical therapy as well as medication management and rest. The injured worker utilizes tramadol on an as needed basis. Upon examination of the left knee, there was tenderness to palpation over the popliteal fossa, decreased range of motion, 140 degree flexion, 0 degree extension, and positive patellofemoral grind test. X-rays obtained in the office revealed normal alignment without evidence of a fracture or lesion. Recommendations included physical therapy twice per week for 6 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MD Arthrogram of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, there was no evidence of a significant functional deficit upon examination. The injured worker was pending authorization for additional physical therapy. There was no evidence of a failure to respond to conservative treatment. The injured worker underwent an MRI of the left knee in 06/2014. The medical necessity for a repeat imaging study has not been established. As such, the request is not medically appropriate at this time.