

Case Number:	CM15-0038173		
Date Assigned:	03/06/2015	Date of Injury:	12/11/2013
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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: New Jersey

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 50-year-old female with an industrial injury dated 12/11/2013 resulting in an injury to the right knee/leg. Diagnoses includes current right knee medial meniscus tear and after care for musculoskeletal system surgery. Diagnostic testing has included x-rays (12/20/2013) and MRIs (02/10/2014) of the right knee. Previous treatments have included conservative measures, medications, right knee surgery (09/17/2014, and physical therapy. In a progress note (PR-4) dated 11/10/2014, reports right lower extremity pain described as a 'Charlie horse' like pain in the right thigh that radiates to the knee. The objective examination revealed a normal gait, normal range of motion, sensation and muscle strength in the right hip and knee, and no tenderness to palpation in the right knee. The treating physician is requesting MRI of the right knee with contrast, which was denied by the utilization review. On 02/18/2015, Utilization Review non-certified a request for MRI of the right knee with contrast, noting that the ODG guidelines were cited. On 02/27/2015, the injured worker submitted an application for IMR for review of MRI of the right knee with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) with contrast of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

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

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, who had recently had an MRI and surgery of the right knee presented with right thigh/knee cramping of the muscles. However, there was no evidence found on physical examination which would suggest any abnormality which would warrant repeat MRI imaging of the right knee. Without supportive evidence to justify the MRI as found in the notes provided for review, the right knee MRI will be considered medically unnecessary.