

Case Number:	CM15-0042890		
Date Assigned:	03/13/2015	Date of Injury:	01/03/2015
Decision Date:	04/20/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency Medicine

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 27 year old male who sustained an industrial injury on 01/03/2015. The injured worker reports that while he was installing tile, he pivoted his body to relocate a box of tiles and felt a popping sensation and immediate pain to his left knee. Diagnoses include left knee sprain and strain, probable partial patellar tendon tear of the left knee, traumatic effusion left knee, mild proximal patellar migration- left knee and right knee sprain and strain. Treatment to date has included medications, knee brace, and crutches. A physician progress note dated 01/29/2015 documents the injured worker has tenderness to palpation over the left medial and lateral joint lines and the prepatellar bursa with a painful lump over the inferior pole of the patella. There is a palpable gap in the patellar tendon with proximal patellar migration of 1.5cm, consistent with partially tearing of the patellar tendon. Range of motion is limited in the left knee. The treating provider recommends x-rays of both knees to compare the positions of the patellae, and crutches. Treatment requested is for MRI left knee to rule out a tear of the patellar tendon or other internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested MRI Left Knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The treating physician has documented limited left knee range of motion and tenderness to palpation over the left medial and lateral joint lines and the prepatellar bursa with a painful lump over the inferior pole of the patella. There is a palpable gap in the patellar tendon with proximal patellar migration of 1.5cm, consistent with partially tearing of the patellar tendon. The treating physician has not documented x-ray results, physical therapy trials or positive orthopedic provocative exam testing. The criteria noted above not having been met, MRI Left Knee is not medically necessary.