

Case Number:	CM15-0045844		
Date Assigned:	03/18/2015	Date of Injury:	08/08/2013
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60-year-old male, who sustained an industrial injury on 8/8/2013. He has reported being hit in the face with a 2000-pound object causing a fall, with back and right knee pain, and subsequently requiring nasal surgery including skin graft to nose. The diagnoses have included blunt facial trauma resulting in extensive soft tissue injury and nasal obstruction, status post repair of facial soft tissues 8/8/13, status post nasal septal surgery, left shoulder contusion, lumbar strain, right knee medical meniscus disruption and arthropathy with prior history of right knee arthroscopy, status post release of left alar contracture, full thickness skin graft 9/3/14. Treatment to date has included medication therapy, physical therapy, and joint injection. Currently, the IW complains of constant aching to right knee associated with popping, locking and giving way. The physical examination from 1/23/15 documented a right side imp with ambulation, marked crepitus and tenderness. The x-ray result of the right knee indicated severe tricompartment arthritis. The plan of care included a request for a total right knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation <http://www.odgtwc.com/odgtwc/knee.htm>>.

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

Decision rationale: The ACOEM Chapter 13 on Knee Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support the request for a right knee MRI. In particular, the physical exam demonstrates appropriate diagnostic maneuvers and more conservative imaging demonstrates severe arthritis, thus indicating likely ligaments or meniscus injury. Therefore, at this time, the requirements for treatment have been met, and medical necessity has been established.