

Case Number:	CM15-0051416		
Date Assigned:	03/24/2015	Date of Injury:	01/15/2015
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/18/2015

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: 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 sustained a work/ industrial injury on 1/15/15. He has reported initial symptoms of right knee pain after a dog bite. The injured worker was diagnosed as having open dog bite to right lower extremity and right knee joint pain. Treatments to date included wound care. Currently, the injured worker complains of worsening in lateral right knee. The treating physician's report (PR-2) from 2/11/15 indicated there was a small scrape, abrasion of epidermis lateral to patella that was healed. There was some slight tenderness at the site of the bite. Knee flexion was 0-150 degrees, extension at 150 degrees. Medications were not listed. Treatment plan included MRI (magnetic resonance imaging) of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, MRI.

Decision rationale: The patient was injured on 01/15/2015 and presents with right knee pain. The request is for an MRI of the right knee. The RFA is dated 02/13/2015 and the patient is on modified work duty with occasional squat/kneel, occasional knee bending, no climbing stairs, no climbing ladders, no lifting more than 30 pounds, and no root work. Review of the reports provided does not indicate if the patient has had a prior MRI of the right knee. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. The patient has a small scrape, abrasion of the epidermis lateral to patella, and slight tenderness at the site of the bite. The patient is diagnosed with right knee joint pain and open dog bite of right lower leg. In this case, the patient's injury is from 2015 and there is no evidence of conservative care. Documentation does not show if the patient has attempted any physical therapy, chiropractic sessions, or other conservative care for the right knee injury. Therefore, the requested MRI of the right knee IS NOT medically necessary.