

Case Number:	CM15-0056741		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2013
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 65-year-old male, who sustained a work/ industrial injury on 10/2/13. He has reported initial symptoms of knee pain. The injured worker was diagnosed as having internal derangement of left knee, meniscus tear, and left knee pain. Treatments to date included medication and diagnostics. Magnetic Resonance Imaging (MRI) was performed on 10/10/13. X-ray's were performed on 10/30/13. Currently, the injured worker complains of knee pain rated 7/10. The treating physician's report (PR-2) from 3/9/15 indicated the worsening symptoms were located in the left medial knee. There was limping, locking, stiffness, and tenderness. Relieving factors included rest and opioid analgesics. Treatment plan included MRI (magnetic resonance imaging) Left Knee, without contrast to rule out additional injury and/or progression of the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Knee, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, MRIS.

Decision rationale: Per the 12/22/14 report the patient presents with continued left knee pain with recommendation for medial meniscus repair by Ortho that was denied by utilization review. The current request is for MRI MAGNETIC RESONANCE IMAGING LEFT KNEE, WITHOUT CONTRAST. The patient is cleared to return to modified work, but it is not clear if he is currently working. ODG, Knee & Leg Chapter, MRIS, has the following, "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." Indications for repeat MRIs states, "Post-surgical if need to assess knee cartilage repair tissue." The 03/09/15 treatment plan states this repeat MRI is requested to rule out additional injury and /or progression of the injury. The 10/10/13 MRI left knee is included. Impression includes: Acute partial tear of the left medial collateral ligament and fraying of the articular cartilage of the superior central aspect of the left patella. There is no evidence of prior surgery to the left knee. The ODG guidelines state that repeat MRIs are recommended if there is, "need to assess knee cartilage repair tissue." Without evidence of prior cartilage repair, the request IS NOT medically necessary.