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| Case Number: | CM15-0084794 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 02/23/2015 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for knee and thigh pain reportedly associated with an industrial injury of February 23, 2015. In a Utilization Review report dated April 3, 2015, the claims administrator denied a request for knee MRI imaging. The claims administrator did not state what guidelines its determination was based upon. The claims administrator did not seemingly incorporate any guidelines into its rationale. A March 27, 2015 progress note and an associated RFA form were referenced in the determination. It was not established whether the request was a request for first-time knee MRI imaging or not. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of knee and leg pain, including about the posterior knee and posterior calf. Standing and walking remained problematic. A slightly antalgic gait was appreciated. The applicant was placed off of work, on total temporary disability. On March 27, 2015, the applicant reported ongoing complaints of knee and leg pain, primarily situated about the posterior knee and posterior calf area. A slightly antalgic gait and tenderness about the hamstring and calf musculature were appreciated. Knee MRI imaging, a cane, and physical therapy were endorsed while the applicant was placed off of work, on total temporary disability.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the proposed MRI of the right knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-5, page 343, MRI imaging scored a 4/4 in its ability to identify and defined suspected meniscal tears, ligamentous tears, and/or ligamentous strains and a 3/4 in its ability to identify and define suspected patellofemoral syndrome, tendinitis, and/or prepatellar bursitis. Here, the attending provider's documentation, while incomplete, did suggest that a meniscal tear versus ligamentous tear versus ligamentous strain were on the differential diagnosis list. The applicant had seemingly attempted conservative treatment in the form of time, medications, and physical therapy for the span of approximately five weeks on or around the date the MRI in question was requested, March 27, 2015. The applicant still had significant residual impairment present on that point in time. Sitting, standing, walking, and transferring all remained problematic. The applicant remained off of work. The applicant was still using a cane to move about as of that date. While the MTUS Guideline in ACOEM Chapter 13, page 341 notes that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, here, however, appropriate conservative care and observation had in fact been attempted before the knee MRI was requested. Moving forward with knee MRI imaging was indicated on or around the date in question, for all of the stated reasons. Therefore, the request was medically necessary.