

Case Number:	CM14-0105475		
Date Assigned:	08/01/2014	Date of Injury:	05/10/2014
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old male with a work injury dated 5/10/14. The diagnoses include sprain/strain of the right leg and lumbar sprain. 5/10/14. Under consideration is a request for a right knee MRI without dye. There is a primary treating physician (PR-2) document date the patient is awaiting response for request for more back physical therapy. He still has low back pain which is improved but he cannot sit or walk more than 30 minutes due to increased pain and weakness as well as right greater than left knee pain. He denies any radicular pains to the legs. The right knee pain is constant with intermittent sharp pains and a feeling of giving way. The patient would like to see an orthopedist because the symptoms have worsened. Exam of the right knee indicates that there is medial and lateral patellar region tenderness to palpation. There is no valgus/varus deformity. The Lachmann test, McMurray, anterior drawer, valgus and varus stress test reveal no instability. Both knees indicate positive patellar compression test. The lumbar spine is tender to palpation and has decreased (but improved range of motion) with pain. The treatment plan includes for the patient to continue modify work. There is an appeal for the knee and lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee MRI w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342 and Pages 348-350.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE CHAPTER, MRI.

Decision rationale: The California MTUS ACOEM guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG knee guidelines state that an MRI can be ordered after initial radiographs if internal derangement, joint compartment widening on imaging is seen, or post surgery to assess cartilage repair. There is no documentation that patient is having surgery or has had surgery. There is no evidence of a red flag conditions or internal derangement. The request for an MRI of the right knee is not medically necessary.