

Case Number:	CM14-0113964		
Date Assigned:	09/16/2014	Date of Injury:	03/13/2006
Decision Date:	10/21/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Pain Medicine and is licensed to practice in California. 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 injured worker is a 57-year-old female with a reported injury on 03/13/2006. The mechanism of injury was the injured worker turned while kneeling, injuring her right knee and calf. The injured worker's diagnoses included right knee strain and sprain, rule out medial meniscus tear, right lower leg normal, post-traumatic cephalgia. The injured worker's previous treatments included chiropractic care, physical therapy, massage, medications, rest, and a knee brace. With regards to previous diagnostic testing, there is mention of an unofficial MRI dated 07/12/2006 that showed intrameniscal cleavage without specifying which knee. There was no further discussion about this MRI. The injured worker was evaluated on 06/04/2014 however the documentation is difficult to read. It appears that the subjective complaints were right knee pain and the objective findings were decreased flexion. The injured worker was evaluated on 04/12/2014 where she complained of neck pain radiating to the right shoulder associated with tension and rated at 6/10 to 7/10 in intensity. She also complained of constant right knee pain rated 8/10 to 9/10 in intensity associated with numbness and aggravated by standing or walking for 8 or more hours and was relieved by taking Motrin. The injured worker also complained of constant 8/10 to 9/10 rated right calf pain associated with numbness. The pain was aggravated by standing or walking or 8 or more hours and was relieved by taking Motrin. The clinician observed and reported a focused physical exam. The measurements of the calves were right 35.5, left 35, and thighs 46 right and 45 left. The measuring increment is cm. There was tenderness to the anterior, lateral, and medial aspects of the right knee. Range of motion was limited due to pain and measured at 110 degrees of flexion and 180 degrees of extension. The valgus stress test was positive on the right producing increased knee pain. The lower extremity neurologic examination showed no sensory deficits, strength was measured as 5/5 bilaterally, and deep tendon reflexes were 2+ bilaterally. The only medication listed was over the counter ibuprofen.

The request was for MRI of the right knee without contrast. The rationale for the request was right knee sprain/strain. The request for authorization form was submitted on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee without Contrast: Upheld

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): 337.

Decision rationale: The request for MRI of the right knee without contrast is not medically necessary. The injured worker continued to complain of right knee pain. The California MTUS/ACOEM Guidelines do not recommend MRI studies for ligament collateral tears. The MRI was requested for right knee sprain/strain. Therefore, the request for MRI of the right knee without contrast is not medically necessary.