

Case Number:	CM14-0114730		
Date Assigned:	08/04/2014	Date of Injury:	07/31/2013
Decision Date:	10/23/2014	UR Denial Date:	06/27/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of July 31, 2013. Thus far, the applicant has been treated with analgesic medications; earlier knee meniscectomy surgery; viscosupplementation injections; corticosteroid injections; and extensive physical therapy over the course of the claim. In a Utilization Review Report dated June 21, 2014, the claims administrator denied a request for a knee MRI while approving a request for knee x-rays. The claims administrator cited a variety of MTUS and non-MTUS guidelines but did not invoke any of the cited guidelines in its rationale. The applicant's attorney subsequently appealed. In a July 9, 2014 progress note, the applicant reported persistent complaints of knee pain status post earlier knee arthroscopy. The applicant was using a cane to move about, it was stated. Symptoms of clicking, locking, popping, catching, and giving way were noted. Positive McMurray maneuver was noted about the left knee. A left knee MRI was sought. It was stated that the applicant was likely a candidate for a knee arthroscopy procedure involving the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335, MRI imaging is indicated to help establish a diagnosis of meniscal tear, as is suspected here. The applicant had symptoms of locking, clicking, and giving way about the left knee, with a positive McMurray maneuver appreciated on a recent office visit, referenced above. ACOEM does qualify its recommendation by noting that MRI imaging to evaluate meniscal tear is indicated only if surgery is being contemplated. In this case, the requesting provider, a knee surgeon, has stated that the applicant is a candidate for an operative intervention involving the left knee. Preoperative MRI imaging to delineate the extent of the meniscal pathology is therefore indicated. Accordingly, the request is medically necessary.