

Case Number:	CM14-0116385		
Date Assigned:	08/04/2014	Date of Injury:	03/19/2013
Decision Date:	10/08/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 39 year old female who was injured on March 19, 2013 to the left knee. The mechanism of injury is rolling her ankle in the hole in the ground while stepping out of a vehicle causing pain in her left knee. The diagnosis is listed as pain in joint involving lower leg (719.46). The most recent progress note dated 6/27/14, reveals complaints of left knee pain with associated calf and foot pain. Physical examination reveals altered gait mild swelling of the left knee, full range of motion, positive left McMurray's test, well healed arthroscopy incisional scars, decreased Achilles reflex bilaterally, with negative drawer and valgus and varus stress tests. Prior treatment includes knee arthroscopic extensive debridement on 10/14/13, past treatments of cortisone injections, physical therapy with kinesiotaping, medications, and knee brace. A prior utilization review determination dated 7/9/14 resulted in denial of single positional left knee MRI between 6/27/2014 and 8/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single positional left knee MRI between 6/27/2014 and 8/21/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI

Decision rationale: This is a claimant with a reported industrial injury of March 12, 2013. The claimant had previous MRI which revealed small tear of the medial meniscus. She underwent arthroscopy and had debridement of the hypertrophic synovitis. It was also noteworthy for inflamed plica and other degenerative changes. The agreed medical evaluation (AME) by ■■■ on 4/2/14 has recommended a repeat MRI. The most recent exam documents a stable knee but marked symptoms and positive Mc Murray's testing. Therefore the requested repeat MRI is medically necessary.