

Case Number:	CM14-0116952		
Date Assigned:	09/16/2014	Date of Injury:	10/04/2012
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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:

Injured worker is a female with date of injury 10/4/2012. Per primary treating physician's progress report dated 6/23/2014, the injured worker complains of constant pain in her lumbar spine rated at 6-7/10 in intensity. She reports the pain feeling like a pulling sensation. Her pain radiates up her entire back, but decreases when lying flat on floor. She reports constant sharp pain in her right knee rated at 7-8/10 in intensity. She indicates nothing seems to help decrease the pain, and work, standing and walking increase it. She reports buckling and frequent crackling anlong with numbness when her knee is swollen. On examination of the lumbar spine, there is loss of lordosis along with complaints of pain at L3-S1, bilateral posterior superior iliac spine and bilateral paravertebral muscle. She complains of right knee pain at entromedial, mid-medial, anterolateral and patellofemoral joint. She has no medial or lateral ligament laxity. Flexion is 90 degrees and extension is 0 degrees with a lot of crakling and grinding. Diagnoses include 1) sprain/strain of lumbar spine 2) pain in right knee.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The requesting physician explains that this request is for a new MRI of the right knee. There is no explanation of why this MRI is necessary. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.