

Case Number:	CM14-0118394		
Date Assigned:	08/06/2014	Date of Injury:	10/03/2012
Decision Date:	10/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 Iowa. 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:

This patient is a 64 year-old female with a date of injury of 10/3/2012. A review of the medical documentation indicates that the patient is undergoing treatment for pain in her neck, lower back, left hip, and left knee. The subjective complaints include left knee pain. The objective findings include moderate effusion, medial joint line tenderness, decreased range of motion, and positive McMurray's test (medial compartment) of the left knee; as well as decreased sensation on the lateral left foot. The patient has received prior MRIs of her spine, and there is an x-ray of the left knee, which showed mild degenerative joint disease, but here is no documentation with MRI results of the left knee. The patient has previously undergone treatment including physical therapy and medication. A utilization review dated 7/2/2014 did not certify the request for MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee and Leg, MRI's (magnetic resonance imaging)

Decision rationale: According to MTUS guidelines, ACOEM recommends that special studies are not necessary to evaluate most knee complaints until after conservative care and observation has occurred, and can lead to potential diagnostic confusion if used improperly. The ODG details indications for MRI for acute trauma if suspected ligament or cartilage disruption is present. Surgery for the suspected meniscal tear can be successful, but is not necessary in every case. The details of this patient's injury on 10/3/2012 are unclear, and it is difficult to determine if this was a new concern or part of her chronic issues dating to an earlier injury. It is mentioned in some documents that a prior MRI may have been obtained, although the treating physician does not mention this specifically or appear to have attempted to obtain the prior studies. X-rays were obtained which showed no acute issues, and medication was stated to not have helped with the left knee pain. The patient is currently undergoing physical therapy, and documentation show some progressive improvement; the physical therapist described her rehab potential as "good". The treating physician is concurrently pursuing conservative therapy while also requesting an MRI, which would normally be used as an indication for surgery. It appears that conservative therapies have not been completely exhausted in this case, and there is no additional medical rationale provided to explain the treatment plan. Therefore, the request for MRI of the left knee is not medically necessary at this time.