MAXIMUS Federal Services

Case Number:	CM14-0129772		
Date Assigned:	09/16/2014	Date of Injury:	03/19/2013
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 39-year-old female with a date of injury of 03/19/2013. The listed diagnoses per [redacted] are: 1. Status post left knee arthroscopy with significant residuals. 2. Reactive depression. 3. Diabetes.According to progress report 07/29/2014, the patient presents with continued left knee pain with numbness along the posterior calf and middle 3 toes. The patient also reports stiffness in the knee. Physical examination revealed full strength in both lower extremities and full range of motion of bilateral knees without any swelling. The patient does have positive McMurray's on the left side. PHQ-9 score is 22/30 indicating severe depression. The provider is requesting an MRI of the left knee. Utilization review denied the request on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Knee: 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), Pain (Acute & Chronic) MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341,342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

ODG-TWC guidelines has the following regarding knee MRI: Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. (ACR, 2001) See also ACR Appropriateness Criteria.

Decision rationale: This patient is status post left knee arthroscopy on 10/14/2013 and continues with "significant" pain. The provider is requesting an MRI of the left knee. ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines support post-operative evaluation of knee with an MRI if internal derangement is suspected. In this case, the patient has not had a MRI following the left knee arthroscopy. Given the patient's continued pain and positive finding, a repeat MRI of the knee is reasonable. Therefore, this request is medically necessary.