

Case Number:	CM14-0130339		
Date Assigned:	08/20/2014	Date of Injury:	06/30/2014
Decision Date:	10/20/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Rehabilitation 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:

This is a 41 year old male with a 6/30/14 injury date. The mechanism of injury was the insidious onset of right knee pain with stair negotiation. In a 7/21/14 follow-up, the patient was not having pain that day but still reports problems getting into and out of his truck. He is wearing a neoprene sleeve that is not helping. Objective findings included the absence of knee effusion, no joint line tenderness, a hypermobile patella, and negative drawer signs. Right knee xrays in June 2014 were negative. The provider suspects that patient has weak quads and the patella is not tracking. Diagnostic impression: right knee sprain/strain. Treatment to date: medications, knee brace, physical therapy, work restrictions. A UR decision on 7/31/14 denied the request for right knee magnetic resonance imaging (MRI) on the basis that there were no documented positive objective signs on physical exam that would necessitate MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends magnetic resonance imaging (MRI) for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of Anterior cruciate ligament (ACL) tear preoperatively. In addition, Official Disability Guidelines (ODG) criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, there are no documented objective signs on physical exam to support the request for knee MRI. There is no evidence of right knee instability, effusion, or locking. There is no history of significant trauma to the right knee. The provider appears to suspect quad weakness and/or patella tracking issue, but an MRI would not be the study of choice to evaluate those conditions. The medical necessity of the proposed procedure has not been established. Therefore, the request for right knee MRI is not medically necessary.