

Case Number:	CM14-0147784		
Date Assigned:	09/15/2014	Date of Injury:	03/19/2013
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Family 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:

The injured worker is a 39 year old female whose date of injury is 03/19/13 when she was cleaning a car and when she stepped out she rolled her left ankle and twisted her left knee with immediate onset of pain. After failing to improve with conservative care, the injured worker underwent left knee arthroscopy on 10/19/13 with extensive debridement performed. She was thought to have a medial meniscal tear, but there was no tear on arthroscopic visualization. Postoperatively the injured worker had physical therapy, medications, cortisone injection and chiropractic care. The injured worker was seen on 08/05/14 and she has noted significant improvement in mood as well as decrease in pain which she rates 3/10. All of her pain is in the left knee with numbness along the posterior calf and middle three toes. The injured worker is undergoing chiropractic care and she notes improved range of motion of the knee and improvement in symptoms. She is taking Naproxen 500mg twice a day as needed, and she is off the Tramadol ER at this time. On examination she has full strength in both lower extremities with full range of motion of bilateral knees; positive McMurray's on the left side. The injured worker most recently was seen on 09/02/14 for ongoing knee pain. She is noted to be doing well on Effexor twice a day that has increased her mood significantly. She continues with chiropractic sessions that have been beneficial in reducing her symptoms. She also is being seen for cognitive behavioral therapy. On examination the injured worker has full strength in both lower extremities with intact sensation, full range of motion of both knees and negative Spurling's maneuver.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single positional left knee MRI: Upheld

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

Decision rationale: Per ODG, indications for knee MRI include acute trauma to the knee, or non-traumatic knee pain with initial x-rays non-diagnostic. Repeat MRI may be indicated post-surgically to assess knee cartilage repair tissue. The injured worker had no meniscal tear on arthroscopic examination. There is no evidence of significant change in symptoms that would support the need for repeat imaging studies. Based on the clinical information provided, the request for 1 single positional left knee MRI is not recommended as medically necessary.