MAXIMUS Federal Services

Case Number:	CM14-0154185		
Date Assigned:	09/23/2014	Date of Injury:	04/09/2014
Decision Date:	11/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of April 9, 2014. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for a knee MRI. The applicant's attorney subsequently appealed.In an August 2, 2014 Doctor's First Report (DFR), the applicant apparently transferred care to a new primary treating provider. The applicant reported 2-3/10 knee pain. No swelling, edema, ecchymosis, or deformity was noted about the injured knee. The applicant exhibited full range of motion about the same with negative anterior and posterior drawer test. It was stated that the applicant a questionable McMurray maneuver without palpable or audible crepitation. The applicant did exhibit a normal gait. An Ace wrap, Motrin, and Tylenol were endorsed.On August 15, 2014, knee MRI imaging was sought via an RFA form. In an earlier note dated August 5, 2014, the applicant was again returned to regular duty. It was noted that the applicant had pain and swelling complaints about the injured knee. The attending provider stated that he suspected a small medial meniscal tear as the source of the applicant's complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-2, page 335, MRI imaging is recommended as the test of choice for suspected meniscal tear/meniscal derangement, as appears to be present here. ACOEM does qualify its position by noting that such testing is typically indicated only if surgery is being contemplated. In this case, the applicant has seemingly failed several months of conservative treatment with time, medications, observation, other conservative measures, etc. Significant complaints of knee pain and swelling persist. The applicant did have equivocal provocative testing, it was suggested, above. The attending provider's progress notes, while at times sparse, did imply that the applicant would likely consider or pursue an interventional procedure were the results of the MRI in question positive. Therefore, the request for MRI of the right knee is medically necessary.