

Case Number:	CM14-0159135		
Date Assigned:	10/02/2014	Date of Injury:	10/14/2010
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

There is a physical therapy plan of evaluation for 03/01/14 indicating ongoing right knee pain. There was reported right knee active range of motion decreased with joint mobility, gait mechanics and moderate to severe muscle performance. Evaluation PR2 from 03/27/14 indicated quadriceps atrophy with decreased strength with swelling of the knee with a recommendation for physical therapy. Assessment May 6, 2014, indicated the insured was walking with a limp after knee surgery. The insured having episodes every three weeks of stabbing pains in the head associated with photophobia. The insured has been rehabbing from knee surgery. Note 07/08/14 indicated a right knee aspiration with therapeutic injection. Note 09/09/14 indicates tenderness of the knee with sensation intact, positive pulses with a plan to obtain MRI of the knee to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines knee Page(s): 343.

Decision rationale: The medical records report knee surgery with failure of therapy for more than 3 months with reported physical deficits of quadriceps weakness and decreased strength with swelling. MTUS supports imaging to evaluate etiology of condition when red flags (such as weakness and atrophy) are noted. As such, the medical records support an MRI of the knee congruent with ODG guidelines and is medically necessary.