MAXIMUS Federal Services

Case Number:	CM14-0086511		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2012
Decision Date:	09/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 Practice, and is licensed to practice in Ohio. 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 40-year-old male whose date of injury was in December 2012. He developed right knee pain and has been managed with pain medication, physical therapy, and medication. The MRI scan of the knee around that time revealed the contusion of the medial meniscus and mild chondromalacia patella. Of the documents reviewed, the only physical exam of the right knee was from 2-17-2014, which revealed tenderness of the anterior knee, active range of motion from 0 to 100, and passive range of motion from 0 to 110. The conclusion from that visit was the injured worker was not a surgical candidate. The subsequent visits have stated 'exam unchanged'. The injured worker has sought to her three second opinions regarding his surgical candidacy. It appears there was a request for arthroscopic knee surgery previously but it is unclear what became of that. There is another request for an MRI scan of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, knee & leg, MRI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 13: Knee Page(s): 334-5.

Decision rationale: There is a request for what appears to be a second MRI scan of the right knee in two years. The first MRI scan revealed no evidence of internal derangement and the injured worker's sole physical examination in the documents reviewed revealed no indication of ligament or meniscus pathology. That physical exam was said to be unchanged repeatedly. Knee examinations should be performed in a thorough and careful manner in order to identify any clinically significant pathology that may be present. A considerable number of patients may present with findings such as grinding, clicking, popping, and pain, yet do not necessarily have clinically significant intraarticular pathology or require more than conservative care. Patients presenting with sensations of instability or locking require further investigation. Initially, the patient's gait and the appearance of the knees can be observed during stance. Difficulty walking, as well as deformity (e.g., excessive varusor valgus), swelling, redness, and inability to fully extend are all observable in this manner. In the supine position, smaller effusions, tenderness and its location (e.g., at joint lines), and range of motion can be determined. The posterior structures of the knee also can be inspected and palpated, including the popliteal fossa. Collateral ligament stability can be checked by applying varus and valgus stress (pressure) with the joint slightly flexed. Cruciate ligament competence is determined by pulling the tibia forward at 30 degrees (Lachman test) and 90 degrees (drawer test). The knee also can be examined at 0 degrees. The McMurray test is limited to testing defects of the posterior horn. A history of anterior knee pain and popping and clicking may suggest patellofemoral syndrome (PFS, formerly known as chondromalacia patella). Patients with tenderness over the patellar tendon or its insertion may have patellar tendinitis or Osgood-Schlatter disease, a congenital condition. Knee catching, locking, or swelling may be secondary to meniscus tears, patellofemoral instability or ligamentous injury. Patellar instability often presents as a constant dull pain. In this instance, there was nothing from the physical exam to imply an as yet unrecognized internal derangement of the right knee. There is no rationale provided in any of the documents reviewed to suggest why a second MRI scan of the right knee is requested. An arthroscopy was suggested and it is unclear what happened with that request. Given the above information, an MRI scan of the right knee is medically necessary.