

Case Number:	CM14-0091783		
Date Assigned:	07/25/2014	Date of Injury:	08/08/2003
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 chronic knee pain reportedly associated with an industrial injury of August 8, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a knee brace; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar laminectomy; and unspecified amounts of physical therapy. In a Utilization Review Report dated June 3, 2014, the claims administrator denied a request for a knee MRI. Non-MTUS ODG Guidelines were invoked, although the MTUS did address the topic. The claims administrator stated that the applicant had not tried physical therapy before the knee MRI in question was considered and seemingly based its denial on that fact, although the applicant was several years removed from the date of injury as of the date the knee MRI in question was sought. The applicant's attorney subsequently appealed. In an April 10, 2014 progress note, the applicant reported persistent complaints of left leg weakness, left shoulder pain, and low back pain. The applicant was using a knee brace for knee instability issues, it was stated. Reportedly severe weakness about the left leg and an antalgic gait were noted about the knee. A replacement knee brace was apparently furnished. The applicant was given refills of Norco, Soma, Tizanidine, Ambien, AcipHex, and Xanax. It was stated that the applicant might be a candidate for a spinal cord stimulator implant. On May 23, 2014, the applicant reported heightened left leg weakness, continuous shoulder pain, and low back pain. The applicant was reporting popping and clicking about the knee. A severely antalgic gait was noted with weakness about the left leg and a positive McMurray maneuver. It was stated that the applicant was pending a second opinion surgical consultation. MRI imaging of the knee to rule out a meniscal tear was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-2, MRI imaging can be employed to confirm a diagnosis of meniscus tear; the issue reportedly suspected here and is indicated only if surgery is being contemplated. In this case, the attending provider did suggest that the applicant was consulting a surgeon/obtaining a second opinion to consider possible surgical intervention involving the knee. The applicant's knee issues were apparently worsening. The applicant had signs and symptoms of active knee internal derangement/meniscal derangement, including locking, clicking, positive provocative testing, etc. MRI imaging to further evaluate the same is indicated. Therefore, the request is medically necessary.