

Case Number:	CM13-0062512		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2012
Decision Date:	04/08/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 3/30/2012. The diagnoses have included internal derangement right knee, post arthroscopic surgery to the left knee for partial medial menisectomy and chondroplasty of the patella, cervical spinal cord injury, tetra paresis, incomplete SCI consistent with Brown-Sequard, C2 non-displaced fracture, moderate traumatic brain injury (TBI), medical meniscal tear, spasticity and mild clonus. Treatment to date has included a halo vest, day treatment program, physical therapy, and psychotherapy for post-traumatic stress disorder (PTSD), anxiety and depression. He is status post left knee arthroscopy/menisectomy on 9/20/2012. Currently, the IW complains of significant pain in the right knee with an on and off locking sensation and giving way feeling of the knee. Objective findings included 1+ quadriceps atrophy and tenderness over the medial and posteromedial joint lines and underneath the patella of the right knee. Range of motion of the right knee is from full extension to 125 degrees of flexion but becomes painful beyond 100 degrees of flexion. Patellofemoral crepitus and a clicking sensation are noted during range of motion of the right knee. There is no evidence of mediolateral or anteroposterior instability in the right knee. McMurray test and Apley test were positive in the right knee. Anterior and posterior drawer signs were negative. Lachman test was negative. On 11/22/2013, Utilization Review non-certified a request for magnetic resonance imaging (MRI) right knee noting a lack of documentation of conservative treatment. The ODG was cited. On 12/06/2013, the injured worker submitted an application for IMR for review of MRI 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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was reports of right knee pain due to overuse and guarding of the left knee. Although physical examination suggested possible internal derangement of the right knee causing this pain, there was no documentation to show that conservative treatments such as physical therapy were attempted prior to consideration of any imaging. Also, no evidence found in the documentation suggested any red flag diagnosis to warrant early consideration of MRI. Therefore, the right knee MRI will be considered medically unnecessary at this time.