

Case Number:	CM14-0189976		
Date Assigned:	11/21/2014	Date of Injury:	12/20/2013
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/20/13. A utilization review determination dated 10/28/14 recommends non-certification of right knee MRI. 9/29/14 medical report identifies residual right knee pain following arthroscopy in March (presumably 2014). He continues to experience catching, locking, and instability with significant pain preventing ADLs and participating in a HEP. The provider notes that the patient is a candidate for knee replacement, but given his age of 48, that should be delayed as long as possible. On exam, there is crepitus, joint line tenderness, and positive McMurray's test. An intraarticular injection was performed.

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 with Intra-Articular contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): algorithms 13-1 and 13-3, 343.

Decision rationale: Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks,

if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, the patient has residual pain after surgery. He is a candidate for knee replacement, but given his young age, the provider recommended delaying surgery as long as possible. Currently, there is documentation of pain with locking and catching, crepitus, joint line tenderness, and positive McMurray's testing. These are all suggestive of meniscal injury. In light of the above, the request for MRI of the Right Knee is medically necessary.