

Case Number:	CM14-0190287		
Date Assigned:	11/21/2014	Date of Injury:	05/29/2010
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
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 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 knee and low back pain reportedly associated with an industrial injury of May 29, 2010. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for a knee MRI. The claims administrator stated that its decision was based on the Third Edition ACOEM Guidelines but did not, however, incorporate any guidelines into its report rationale. The claims administrator stated that the applicant had a history of prior shoulder surgery, multiple ankle surgeries, prior knee surgery, and prior cervical fusion surgery. The claims administrator stated that its decision was based on a September 26, 2014 progress note. The applicant's attorney subsequently appealed. The bulk of information on file, it is incidentally noted, comprised, in large part, of historical Utilization Review reports and medical-legal evaluations, both medical and psychological. On March 19, 2014, a sleep study and various diabetic medications, including Victoza, were endorsed. On April 18, 2014, topical Medrox patches, Therapentin, topical compounds, and right knee surgery were endorsed. The applicant was given a diagnosis of right knee meniscal tear. In a March 17, 2014 medical-legal evaluation, the applicant presented with multifocal complaints, including neck pain, shoulder pain, low back pain, bilateral knee pain, and neck pain. The applicant was off of work, on total temporary disability, and was receiving Workers' Compensation indemnity benefits, it was acknowledged. The applicant was on Norco, tramadol, metformin, losartan, and Victoza, it was stated. The applicant had bilateral knee pain complaints, right greater than left. The applicant stated that kneeling, squatting, pushing, pulling, and lifting aggravated her knee pain. The applicant stated that she had issues with weakness, clicking, locking, and giving way about the knees, right greater than left. The applicant exhibited pain about the medial and lateral joint lines about the right knee with a well-healed arthroscopy incision line appreciated. The medical-legal evaluator

stated that the applicant had undergone a prior knee arthroscopy in September 2010. It was stated that the applicant was a candidate for further knee surgery in the form of a repeat arthroscopy and meniscectomy. The medical-legal evaluator suggested that the applicant undergo a knee MRI imaging. In a June 14, 2014 pain management consultation, the applicant reported persistent complaints of bilateral knee pain with an associated slight limp exhibited on exam. Extracorporeal shockwave therapy was sought while unspecified medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right knee is: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The primary stated diagnosis involving the right knee, here, per the applicant's medical-legal evaluator is that of residual meniscal derangement of the knee status post earlier knee lateral meniscectomy surgery. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335, MRI imaging can be employed to confirm a diagnosis of meniscus tear, as is apparently suspected here. While ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being contemplated, in this case, however, all evidence on file points to the applicant's seeming willingness to pursue further knee surgery. The applicant is apparently significantly symptomatic, with complaints which include knee locking, popping, clicking, giving way, and difficulty performing activities such as kneeling, squatting, lifting, pushing, and pulling. Pursuit of knee MRI imaging for reported preoperative planning purposes is in-line with ACOEM Chapter 13, Table 13-2, page 335. Therefore, the request is medically necessary.