

Case Number:	CM14-0211446		
Date Assigned:	12/24/2014	Date of Injury:	10/03/2014
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California

Certification(s)/Specialty: Internal Medicine

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 patient is an injured worker with a history of right knee injury. Date of injury was October 3, 2014. Regarding the mechanism of injury, the patient was walking on a flat level surface and began to feel right knee pain. No trauma was noted. The doctor's first report of injury dated 10/7/14 documented that the X-ray of the knee showed some slight arthritic changes but nothing acute. The primary treating physician's progress report dated 11/3/2014 document the patient stated that his symptoms wax and wane. He states if he walks in a straight line he feels okay. If he rotates or pivots, he has pain in the medial and anterior joint. There is no real catching. His symptoms have improved. Physical examination demonstrated that the right knee has no redness, swelling, ecchymosis, or deformity. There is no apparent effusion. He has some medial tenderness. There is no crepitation. His flexion and extension are good. The knee seems stable, but there is some slight increased medial pain with stress. Calf and ankle are normal. Squatting is done to 90% without pain. He had a knee x-ray that showed some degenerative. Utilization review determination date was November 12, 2014.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343, 345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 341, 343-345, 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. The primary treating physician's progress report dated 11/3/2014, documented that the physical examination demonstrated that the right knee had no redness, swelling, ecchymosis, or deformity. Some medial tenderness was noted, however, no apparent effusion was or crepitation was noted. Flexion and extension are good and there was noted knee stability. X-ray that showed slight arthritic changes. The physical examination demonstrated that the knee was stable with full range of motion. No trauma was noted. The physical examination does not provide objective findings that support the request for a magnetic resonance imaging (MRI) of the knee. Therefore, this request is not medically necessary.