

Case Number:	CM14-0212664		
Date Assigned:	12/30/2014	Date of Injury:	05/10/2013
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 records presented for review indicate that this 33-year-old female sustained an injury on May 10, 2013. It is not clear from these records the specific mechanism of injury. Previous treatment has included a right knee arthroscopy to include a partial lateral meniscectomy and synovectomy performed on August 30, 2013. The most recent progress report is dated November 6, 2014 and indicates that the injured employee is following up for a reevaluation of her right knee and there were continued complaints of right knee pain. The physical examination on this date reveals no effusion. There was patellofemoral crepitus and tenderness at the lateral patellar facet as well as lateral joint line tenderness. No medial joint line tenderness was noted and there was a negative McMurray's test. The knee was ligamentously stable. Diagnoses included a right knee discoid lateral meniscus and patellofemoral syndrome. The treatment plan included a request for an MRI 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: Overturned

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.

Decision rationale: The injured employee has a complaint of continued right knee pain over one year status post a right knee surgery including a partial lateral meniscectomy and synovectomy. The injured employee has continued right knee pain and the physical examination on November 6, 2014 still indicates lateral joint line tenderness as well as anterior crepitus and tenderness at the lateral patellar facet. I respectfully disagree with the UR physician's assertion that the MRI is not medically necessary, as ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Since physical exam indicates relevant findings of potential tissue insult in a post-surgical knee, and another invasive procedure may be indicated, the request is medically necessary.