

Case Number:	CM14-0214566		
Date Assigned:	01/07/2015	Date of Injury:	07/12/2013
Decision Date:	02/24/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: Physical Medicine & Rehabn

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 a 55-year-old male with an injury date of 07/12/2013. Based on the 09/18/2014 progress report, the patient complains of having left knee pain and ambulates with a cane. The 11/03/2014 report states that the patient has improved pain control and is overweight. The 11/06/2014 report indicates that the patient s left knee symptoms are constant, pain is localized over the medial joint line, pain is moderate to severe, there is instability and catching sensations, and his symptoms are gradually worsening. The quadriceps strength is slightly decreased, Lachman s test is positive, the endpoint is vague, and McMurray s test is positive and causing pain at the medial joint line. The patient s diagnoses include the following: 1.Medial knee meniscus tear.2.ACL (anterior cruciate ligament) tear. The utilization review determination being challenged is dated 11/17/2014. There are treatment reports provided from 08/07/2014 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Knee and leg chapter, MRI

Decision rationale: The patient presents with left knee pain, which is localized over the medial joint line. The request is for an MRI OF THE LEFT KNEE. The patient has previously had an MRI of the left knee (no date indicated); however, the results of this MRI are not provided. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that an MRI best evaluates soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption). For repeat MRIs; post-surgical if need to assess knee cartilage repair tissue routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. ODG Guidelines chapter knee, leg (acute and chronic), and topic magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. The 11/06/2014 report states, the patient is more than a year and a half out from his injury and there has no treatment to this point. I will order an MRI of the knee to see what type of additional changes has developed over the past year. It appears that the patient has not yet had any conservative care. Documentation does not show if the patient has attempted any physical therapy, chiropractic sessions, or other conservative care for the left knee injury. Furthermore, the patient has already had a prior MRI of the left knee, but the results are not provided. The requested MRI of the left knee is not medically necessary.