

Case Number:	CM15-0012691		
Date Assigned:	01/30/2015	Date of Injury:	10/23/2014
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 47-year-old male who reported an injury on 10/23/2014. The injury reportedly occurred when he had finishing laying carpet and was trying to get up and felt pain in the left knee. He was diagnosed with left knee sprain/strain. X-rays of the left knee on 12/04/2014 revealed no displaced fracture or dislocation; a serrated margin of the anterior aspect of the patella indicating possible spurring of the quadriceps tendon interdigitations; and a smoothly marginated excrescence from the lateral cortical margin of the proximal tibia likely related to a prominent soleal line (a tug lesion at the insertion of the soleus muscle). His past treatments have included pain medication, anti-inflammatory medications, muscle relaxants, use of a knee brace, use of crutches, work restrictions, home exercise, and physical therapy. At his followup appointment on 12/18/2014, his symptoms were noted to include improving left knee pain and difficulty trying to squat and kneel. His physical examination revealed tenderness over the lateral joint line and pain with partial squatting. An MRI of the left knee was recommended; however, a rationale for the MRI was not provided. At his followup visit on 01/08/2015, it was noted that the injured worker continued with left knee pain and instability. His physical examination revealed a slow antalgic gait, no swelling or effusion, and range of motion to 180 degrees. A 02/02/2015 physical therapy discharge summary indicated that the injured worker reported minimal to no pain in the left knee, but he noted intermittent popping and clicking in the knee at times. His physical examination revealed normal extension and limited flexion to 150 degrees. He also had mildly decreased motor in the quadriceps to 5-/5. A request was received for an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: Knee and Leg treatment guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: According to California MTUS/ACOEM Guidelines, reliance on only imaging studies to evaluate the source of knee symptoms carries a risk for diagnostic confusion. Therefore, the need for imaging should be based on physical examination findings suggestive of specific internal derangement. The clinical information submitted for review indicated the injured worker injured his left knee on 10/23/2014. The most recent progress note provided for review indicated that he had little to no pain in the left knee after physical therapy. However, he was noted to report some mechanical symptoms. The physical examination, however, failed to reveal any evidence of specific internal derangement related to the left knee as the recent documentation shows normal physical examination findings with only mildly reduced range of motion and motor strength. In the absence of physical examination findings suggestive of internal derangement, the request for an MRI of the left knee is not supported. As such, this request is not medically necessary.