

Case Number:	CM15-0015193		
Date Assigned:	02/03/2015	Date of Injury:	08/24/2013
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on August 24, 2013. He has reported an injury to the right knee when he was assaulted by an armed suspect. The diagnoses have included right knee contusion, right knee MCL sprain, and rule out internal derangement of the right knee. Treatment to date has included physical therapy, knee brace, knee injection and medications. Currently, the injured worker complains of burning pain in his right knee as well as a sharp pain in the lower aspect of the patella with swelling and tight sensation behind the knee. The injured worker reported tingling sensation from the knee that radiates to the mid-leg. On January 15, 2015 Utilization Review non-certified a request for repeat right knee 3T MRI without contrast, noting that there was no documentation of failed physical therapy. The California Medical Treatment Utilization Schedule was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of repeat right knee 3T MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right knee 3T MRI without contrast: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, he had reported not having had formal physical therapy yet for his right knee symptoms/injury, and his provider recommended physical therapy. Soon afterwards. An repeat MRI of the right knee was then recommended. There was no report found in the documents provided regarding the completion or benefits or failure of the physical therapy prescribed. Without documentation showing clear failure to a full trial of formal physical therapy, imaging is not medically necessary or warranted.