

Case Number:	CM15-0116326		
Date Assigned:	06/24/2015	Date of Injury:	10/30/2014
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for knee, hip, and ankle pain reportedly associated with an industrial motor vehicle accident (MVA) of October 30, 2014. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for knee MRI imaging. The claims administrator referenced a May 10, 2015 RFA form and associated progress note of May 2, 2015 in its determination. The applicant's attorney subsequently appealed. On May 2, 2015, the applicant reported ongoing complaints of low back, knee, hip, ankle pain, 7 to 9/10. The applicant exhibited visibly antalgic gait and was using a cane to move about. The applicant was on Oxycodone and Opana, it was reported. The applicant was using a knee brace, it was suggested on this date. A positive McMurray maneuver was noted. The applicant was placed off of work, on total temporary disability, while knee MRI imaging and ankle MRI imaging were sought. A spine surgery consultation was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the left knee with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335.

Decision rationale: No, the proposed knee MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear as was/is suspected here, ACOEM qualifies its position by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed knee MRI and/or consider surgical intervention based on the outcome of the same. The May 2, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the knee MRI in question. The multifocal nature of the applicant's pain complaints, which included the ankle, knee, low back, and hip significantly reduced the likelihood of the applicant's willingness to consider a knee surgery based on the outcome of the study in question. The fact that knee and ankle MRIs were concomitantly ordered again significantly reduced the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.