

Case Number:	CM15-0117171		
Date Assigned:	06/25/2015	Date of Injury:	04/09/2010
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
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 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 9, 2010. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for a knee MRI. An RFA form of April 28, 2015 was referenced in the determination. On May 7, 2015, the applicant reported ongoing complaints of neck pain, low back, bilateral knee, and mid back pain. An inguinal hernia was also evident. The applicant was not working, had last worked in March 2013, and had been deemed permanently disabled in July 2014, it was reported. The applicant was apparently receiving Workers' Compensation indemnity benefits in addition to Social Security Disability Insurance (SSDI) benefits. The applicant had undergone earlier cervical and lumbar spine surgeries, it was noted. The applicant had also undergone earlier left and right knee surgeries, it was stated. The applicant did exhibit a normal gait without the aid of any assistive device. Positive McMurray maneuvers were appreciated bilaterally with arthroscopic incision lines noted about both knees. Medial and lateral joint line tenderness and crepitation were appreciated bilaterally about each knee. The applicant stated that the applicant might be a candidate for revision arthroscopies to evaluate possible meniscal derangement post-operatively. The attending provider stated that the applicant had issues with continued bilateral knee pain with associated catching, locking, and instability. The applicant was, somewhat incongruously, alluded to as she in some sections of the note and he in other sections of the note. The requesting provider was an orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (right knee): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) (updated 05/05/15).

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

Decision rationale: Yes, the request for knee MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335, MRI imaging may be employed to confirm a diagnosis of meniscus tear. ACOEM does qualify its position by noting that such testing should be reserved for cases in which surgery is being considered or contemplated. Here, however, the May 7, 2015 progress note did seemingly suggest that the applicant could potentially be a candidate for revision knee arthroscopies owing to ongoing mechanical complaints of locking, catching, and giving way about both knees. The attending provider posited that the applicant's presentation was suggestive of residual meniscal derangement following earlier failed knee arthroscopy. The requesting provider was an orthopedic surgeon, increasing the likelihood of the applicant's acting on the results of the knee MRI at issue. Therefore, the request was medically necessary.