

Case Number:	CM15-0120891		
Date Assigned:	07/01/2015	Date of Injury:	10/16/2013
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 36 year old female, who sustained an industrial injury on 10/16/13. She has reported initial complaints of right knee, low back and left groin pain. The diagnoses have included right knee chondromalacia patella, right knee patellofemoral syndrome, right knee meniscus tear, left greater trochanteric bursitis, and right lumbar radiculopathy. Treatment to date has included medications, activity modifications, off work, diagnostics, physical therapy, chiropractic, acupuncture, injections and home exercise program (HEP). Currently, as per the physician progress note dated 5/6/15, the injured worker complains of right knee pain. She recently had 8 sessions of physical therapy for the right knee with increased pain. The right knee pain is rated 7/10 on pain scale and she states it feels like a heavy rock when she walks and becomes stuck. The pain is described as burning, stabbing pain with weakness when she puts weight on it and feeling of giving out. She reports weakness and numbness in the right leg and she uses a cane for ambulation. The physical exam of the right knee reveals swelling, active range of motion with flexion is 90 degrees and passive range of motion with flexion is 130 degrees, there is tenderness noted, there is pain with range of motion, there is positive patellar grind, there is positive McMurray test with pain and there is decreased right reflexes in the Achilles and quadriceps. The physician notes that the Magnetic Resonance Imaging (MRI) of the right knee dated 11/26/13 reveals chondromalacia, small joint effusion and degeneration of the posterior horn of the medial meniscus. The report is not noted in the records. The previous physical therapy sessions are not noted. The physician requested treatment included Magnetic

Resonance Imaging (MRI) of right knee, an updated version due to her exhibiting mechanical symptoms of a meniscus tear with knee giving out at times and locking.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Previous MRI of the knee on 11/26/13 showed degeneration and chondromalacia of the patella. Current exam indicate functional range, positive patella grind test without instability. Treatment included full range weight bearing as tolerated awaiting hyaluronic injections. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable progressive deteriorating clinical findings, acute flare-up, new injuries, limited ADLs, or specific change to support for repeating the imaging study. The MRI of right knee is not medically necessary or appropriate.