

Case Number:	CM15-0125287		
Date Assigned:	07/09/2015	Date of Injury:	10/10/2013
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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, Pain Management

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 39 year old male, who sustained an industrial injury on 10/10/2013. The injured worker reported that while he was carrying a five-gallon bucket the injured worker slipped with his legs spread apart causing him to drop the bucket, lose his balance, and twist his left knee. The injured worker was diagnosed as having status post left knee arthroscopy with partial medial meniscectomy and chondroplasty and right knee patellofemoral osteoarthritis cannot rule out meniscal pathology due to compensatory issues from the industrial injury. Treatment and diagnostic studies to date has included medication regimen, above noted procedure, and ultrasound guided steroid injection. In a progress note dated 05/22/2015 the treating physician reports a symptomatic right knee. Examination revealed a 30cc effusion to the right knee and plus three patellofemoral crepitus. The treating physician requested magnetic resonance imaging of the right knee with the treating physician noting that the injured worker has a right knee injury as a possible compensatory injury secondary to the left knee industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): algorithms 13-1 and 13-3, and page 343.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no identification of any red flags, locking, catching, or objective evidence of ligament injury on physical exam and failure of conservative treatment. In the absence of such documentation, the currently requested MRI is not medically necessary.