

Case Number:	CM15-0177550		
Date Assigned:	09/18/2015	Date of Injury:	02/08/2014
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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, Massachusetts

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 injured worker is a 35 year old male who sustained an industrial injury on 2-8-14. He had complaints of left knee pain. An MRI of the left knee was performed and showed a partial tear. He underwent surgery followed by physical therapy. Progress report dated 7-29-15 reports about 3 months ago his left knee gave out and he fell down 4 steps and landed on his right knee. Since then, he has complaints of neck, low back, and right knee pain along with left knee pain. He reports the pain is increasing in his left knee due to overcompensating for his right knee. He is using Norco and Flexeril prescribed by the chiropractor that give him minimal temporary relief. His neck and low back pain are intermittent and are rated 6 out of 10. The left knee pain is constant rated 7 out of 10. Walking exacerbates the pain and he gets relief with the use of medications, heat, ice and rest. The right knee pain is constant and is rated 8-9 out of 10. The pain increases with walking and is decreased temporarily with heat, ice and "not moving". Upon exam, range of motion is as follows: right knee flexion 135 and extension full and left knee flexion is 125 and extension is full. Impression: left knee significant quads weakness status post left knee arthroscopy and patellofemoral chondroplasty. Right knee compensatory after fall with popping, catching, clicking and medial joint line tenderness. Plan of care includes: left knee MRI arthrogram, scheduled to start physical therapy for both knees, recommend MRI of right knee to rule out internal derangement and recommend bilateral knee hinged knee braces. Work status: per primary treating physician, remain off work. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The IW is now status post arthroscopic surgery for internal derangement following an industrial injury. Following the arthroscopic intervention there are now symptoms consistent with internal derangement including joint line tenderness, clicking, giving out, catching, including objective physical exam findings consistent for suspicion of internal derangement such as positive McMurray and instability on Lachman's test. Given the reported symptoms, objective physical exam findings and post history of failed recovery following surgery, the requested repeat MRI of the left knee is appropriate and necessary.