

Case Number:	CM15-0178632		
Date Assigned:	09/18/2015	Date of Injury:	06/14/2012
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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, California

Certification(s)/Specialty: Family Practice

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 53-year-old male who sustained an industrial injury on June 14, 2012. His diagnosis is left knee degenerative joint disease. Documented treatment includes left knee arthroscopy, subtotal medial meniscectomy, chondroplasty and lateral retinacular release on January 24, 2013, and use of a cane. There is no discussion of other treatments or medication, however, a drug screen was collected on July 1, 2015. The injured worker continues to present with left knee pain; swelling; and, clicking, catching, and grinding. He also reports right knee pain. During the June 24, 2015 examination, the physician noted that his left knee was tender to palpation, and he had a positive patellar grind test as well as positive McMurray's test medially without a palpable click. Range of motion for the left knee was stated as 0-125 degrees. The treating physician's plan of care includes MRI of the left knee. Current work status is not provided. The patient sustained the injury when a piece of wood fell on his knee. The medication list includes Naproxen. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Magnetic Resonance Imaging (MRI).

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

Decision rationale: Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." "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." The patient has had history of left knee arthroscopy, subtotal medial meniscectomy, chondroplasty and lateral retinacular release on January 24, 2013, and use of a cane. The injured worker continues to present with left knee pain; swelling; and, clicking, catching, and grinding. During the June 24, 2015 examination, the physician noted that his left knee was tender to palpation, and he had a positive patellar grind test as well as positive McMurray's test medially without a palpable click. Range of motion for the left knee was stated as 0-125 degrees. Therefore the patient has significant objective findings suggestive of internal derangement. The patient had tried conservative treatment and oral medications. At this time an imaging study is indicated to further evaluate the cause of the persistent symptoms. The request for MRI of the left knee is medically necessary and appropriate for this patient at this time.