

Case Number:	CM15-0066671		
Date Assigned:	04/14/2015	Date of Injury:	07/04/2013
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/08/2015

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: Emergency 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 32-year-old male, who sustained an industrial injury on 7/4/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having thoracic spine musculoligamentous sprain/strain, right knee sprain/strain, status post left knee arthroscopy and right shoulder sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included arthroscopic knee surgery on 11/5/14, physical therapy and medication management. In a progress note dated 3/18/2015, the injured worker complains of exacerbation of chronic left knee pain worsened with extension or walking up stairs. Exam showed no swelling. Tenderness to medial joint and patellar tendon. Positive grind test. Crepitus with movement. Guarded gait. Review of reports show that knee pain is not improved with physical therapy. Pt is not noted to be on any medications due to prior side effects. The treating physician is requesting a magnetic resonance imaging arthrogram of the left knee, radiographs of the left knee and Flector patches.

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 ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Knee X-Ray.

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

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are, "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient meets criteria for MRI of knee. Patient has a history of arthroscopic knee surgery. Despite a month of improvement, pain has gradually worsened and is not improved with physical therapy or other conservative modalities. An appropriate trial of conservative care has been attempted and failed. A repeat MRI of the knee is appropriate to determine if there is new signs of a new meniscal tear or other pathology. MRI of left knee is medically necessary.

Radiographs of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Knee X-Ray.

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

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are, "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient has a history of arthroscopic knee surgery. Despite a month of improvement, pain has gradually worsened and is not improved with physical therapy or other conservative modalities. An appropriate trial of conservative care has been attempted and failed. There is no sudden change in complaint or exam. There is no trauma or signs of instability. X-ray of knee would provide no practical information since patient has known cartilaginous pathology and not body pathology. X-ray of left knee is not medically necessary.