

Case Number:	CM15-0069972		
Date Assigned:	04/17/2015	Date of Injury:	05/24/2014
Decision Date:	05/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/13/2015

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, New York, California
 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 applicant is a represented 48-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 24, 2014. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for knee MRI imaging. The claims administrator referenced a RFA form dated March 20, 2015 and a progress note dated March 15, 2015 in its determination. The applicant's attorney subsequently appealed. On March 15, 2015, the applicant reported persistent complaints of left knee pain. The applicant was status post right knee arthroscopy. The applicant reported occasional clicking and locking about the injured knee, severe, 10/10, reportedly worsening. The applicant was on Vicodin and Motrin for pain relief. The applicant had issues with sleep apnea, it was further noted. The applicant exhibited crepitation about the injured knee, medial joint line tenderness, and a positive McMurray maneuver. X-rays of the left knee performed in clinic were apparently negative. The applicant was given a diagnosis of meniscal derangement of the knee. MRI imaging of the knee was endorsed on the grounds that the applicant had failed conservative treatment. The requesting provider was an orthopedic knee surgeon, it was acknowledged. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place.

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 ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: Yes, the request for MRI imaging of the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335, MRI imaging of the knee can be employed to confirm a diagnosis of meniscal tear but should be reserved for those cases in which surgery is being considered or contemplated. Here, the requesting provider was an orthopedic knee surgeon, significantly increasing the likelihood of the applicant's acting on the results of the knee MRI in question and/or considering surgical intervention based on the outcome of the same. The applicant had progressively worsening, severe complaints of knee pain with associated locking and clicking. Provocative testing was suggestive for meniscal pathology. Moving forward with knee MRI imaging for appeared to be preoperative planning purposes, thus, was indicated. Therefore, the request is medically necessary.