MAXIMUS Federal Services

Case Number:	CM15-0076081		
Date Assigned:	04/27/2015	Date of Injury:	02/26/2015
Decision Date:	07/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/21/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 22 year old female with a February 26, 2015 date of injury. A progress note dated March 2, 2015 documents subjective findings knee pain rated at a level of 9/10; restricted range of motion of the knee), objective findings (burn scars of the left knee with suprapatellar swelling; abnormal gait; tenderness of the left knee medial joint line; tenderness of the left patella; joint effusion present; decreased range of motion of the left knee) and current diagnoses (left knee effusion; left knee/patella pain; sprain/strain knee/leg other left). Treatments to date have included medications, modified work duties, and bracing. The treating physician documented a plan of care that included an outpatient specialist evaluation of the left knee and magnetic resonance imaging of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Specialty evaluation to the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, pages 503-524.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Outpatient Specialty Evaluation to the Left Knee. The treating physician states in the report dated 3/11/15, Suggest referral to orthopedic surgeon for complete evaluation of knee given severity of symptoms. (41B) he ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician has documented that the patient requires an evaluation for the left knee and that additional expertise may be required. The current request is medically necessary.

Outpatient MRI left knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Outpatient MRI left knee. The treating physician states in the report dated 3/2/15, an MRI was ordered to R/O Internal Der and she will follow up in 4 days. (32B) The ODG guidelines support knee MRIs if, Acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption. In this case, the treating physician has documented a need to rule out derangement. The patient has not previously had an MRI for the left knee and symptoms are worsening. The current request is medically necessary.