

Case Number:	CM15-0094839		
Date Assigned:	05/20/2015	Date of Injury:	06/29/2009
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, 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 46-year-old male, who sustained an industrial injury on 6/29/2009. He reported left knee and ankle pain. The injured worker was diagnosed as having left knee internal derangement status post arthroscopic surgery, and left ankle internal derangement. Treatment to date has included magnetic resonance imaging of left knee (2/10/2014), medications, x-rays of left knee (11/5/2014). The request is for magnetic resonance imaging of the left knee. On 10/16/2014, he complained of left knee pain. He is noted to have a small amount of fluid on the knee, and tenderness it noted, along with limited active range of motion. He ambulated with a limp. On 11/6/2014, he is reported to have had 2 surgeries on the left knee (4/4/2012, and 10/10/2012), and continued locking and catching in the knee along with sharp pain. The left knee range of motion revealed no patella instability or apprehension; mild patellofemoral crepitation, Q angle and tilt are within normal limits, mild tenderness to the anteromedial and anterolateral areas, stable anterior, posterior, medial and lateral stress. The treatment plan included visco supplementation. On 11/13/2014, he had continued left knee pain rated 3-4, and is wearing a brace. On 12/4/2014, he continued with left knee pain, and reported the leg throbs. On 1/8/2015, he reported the left knee to still be popping and locking. He rated his pain as 3-4 to 8/10. On 2/3/2015, he felt his knee was worsened. He reported not being able to bend the knee and it locks up on him frequently. On 2/9/2015, he has continued complaint of worsening left knee pain. He reported he struggles in the morning and has to warm the leg up. On 3/9/2015, he rated his left knee pain as 4. On 4/17/2015, he complained of trouble sleeping at night and continued left leg pain described as throbbing. Physical findings revealed no deformity. The treatment plan included Ambien, 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:

MRI Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the claimant had an MRI of the left knee on 2/10/14 indicating meniscal degeneration. There was no ACL tear. There was no mention of plan for surgery. The request for another MRI is not medically necessary.