

Case Number:	CM15-0097308		
Date Assigned:	05/28/2015	Date of Injury:	06/03/2013
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56-year-old male, who sustained an industrial injury on June 3, 2013. He reported right knee pain. The injured worker was diagnosed as having medial meniscus tear of the right knee per magnetic resonance imaging in 2013 and knee derangement of the anterior horn of the medial meniscus. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, physical therapy, pain injections, activity restrictions, topical creams, TENS unit, home inferential unit, oral medications and work restrictions. Currently, the injured worker complains of continued severe right knee pain with associated sleep disruptions, depression and gait abnormalities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 25, 2014, revealed continued pain as noted. Pre-operative evaluation on January 8, 2015, revealed continued pain with associated symptoms. He reported having to stop and rest secondary to severe pain at least every 2-3 blocks. Right knee arthroscopy and debridement was recommended. Evaluation on April 27, 2015, revealed continued left knee pain. He was not previously approved for surgical intervention. It was noted by the physician he would require left knee surgery. Magnetic resonance imaging of the left knee was requested.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Online Edition Chapter Knee & Leg.

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

Decision rationale: According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However, it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient is candidate for arthroscopic surgery of the left knee. Previous MRI of the left knee was not submitted for review. There is no clear evidence of significant change in the patient's signs or symptoms suggestive of new pathology. Therefore, the request is not medically necessary.