

Case Number:	CM15-0099078		
Date Assigned:	06/01/2015	Date of Injury:	07/05/2011
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 injured worker is a 61 year old male, who sustained an industrial injury on 7/5/11. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral knee sprain/strain; osteoarthritis bilateral knees; chondromalacia patellae bilateral knees; right knee patellar tilting and abnormal tracking; status post lateral release; bilateral plantar fascia release. Treatment to date has included status post lateral release; bilateral plantar fascia release; medications. Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complains of continued symptoms of the right knee. He states he has already gone to Court and is going to see two other doctors the next day. He continues to have pain in the feet but is moderately better except when walking long distances. He continues with pain in the right knee. The review of systems remained unchanged per notes. On physical examination the documentation notes vascular and dermatological findings are unremarkable. The documentation notes well healed incisions in the plantar aspect of both feet secondary to plantar fascia releases by the undersigned. There are no signs of infection, purulence, edema or other complications. Neurological findings note all epicritic sensations are intact and symmetrical bilaterally; deep tendon reflexes for the Achilles and patellar tendons are 2+/4 bilaterally. Babinski is not present, and clonus is no elicited bilaterally. No sympathetic atrophic changes are identified and there is no peripheral hyperhidrosis noted. No other neurological deficits are noted. Motor testing is within normal limits. The orthopedic examination notes the injured worker continues symptoms of the right knee with pending treatment intervention as one remaining issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The injured worker had an MRI on the right knee on 11/26/14. There has been no change in exam or subjective complaints to the knee since that MRI, therefore the request for 1 MRI of the bilateral knees is determined to not be medically necessary.