

Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

IMR Case Number:	CM13-0017676	Date of Injury:	11/29/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/13/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
MRI SCAN RIGHT KNEE			

DEAR [REDACTED]:

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

This is a patient who slipped and fell on 11/29/12. The 03/22/13 peer review for physical therapy documented the right knee x-rays showed medial joint space narrowing on the AP weight bearing view with the impression of early medial compartment osteoarthritis of the right knee. It was noted that the patient had crepitus with range of motion, reduced range of motion and dysfunction. The MRI of the right knee, dated 04/25/13, showed large joint effusion, baker's cyst, chondromalacia patellae, proximal tibial degenerative erosion, and no apparent meniscal tear or ligamentous rupture. Dr. [REDACTED] evaluated the claimant in 07/03/13. The patient reported falling on 06/30/13 and injuring her right knee. Examination revealed right knee swelling and tenderness and numbness in the right first, second and third toes. Diagnosis was subluxation of the right patella and lumbar sprain strain. The plans were for MRI of the right knee to rule out medial meniscus tear. The patient was evaluated on 07/17/13 for an agreed medical evaluation by Dr. [REDACTED]. The patient had right knee pain which increased with standing and radiated to the right foot and heel. It was noted that she had MRI's of the right knee and low back in early March 2013. The patient noted falling in June 2013 when her right knee gave out. The report documented the MRI of the right knee, dated 04/25/13, revealed a large joint effusion, baker's cyst, chondromalacia of the patella, proximal tibial degenerative erosion and no apparent meniscal tear or ligamentous rupture. Examination revealed right knee effusion, medial and lateral joint line tenderness, crepitus and range of motion from 0 to 90 degrees. X-rays of the right knee that day showed 2 millimeters joint space in the medial compartment, no acute fractures or dislocations and alignment satisfactory. Diagnosis was right knee internal derangement. The plan was for MRI of the right knee; follow up with Dr. [REDACTED], orthoped and off work. The 08/08/13 diagnosis on the PR-2 report was not completely legible. It appeared the patient was still treating for her knee. The patient has been treated with physical therapy, crutches, patellar support brace, and medications. On 08/12/13, Dr. [REDACTED], denied the MRI of the right knee due to the patient had not failed conservative treatment.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for an MRI scan of the right knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), which is part of MTUS.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pages 341-343, which is part of MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states that "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation". In this case the employee was evaluated with an MRI in April of 2013 which revealed degenerative changes, a large effusion, and a Baker's cyst. Though the employee reported another injury in June of 2013, there was not any indication that additional conservative care had been undertaken and findings were not significant for any indication of internal derangement. **The request for an MRI scan of the right knee is not medically necessary and appropriate.**

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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