

Case Number:	CM15-0109160		
Date Assigned:	06/15/2015	Date of Injury:	10/21/2014
Decision Date:	10/05/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

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

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 32 year old male, who sustained an industrial injury on 10-21-14. He reported right knee pain. The injured worker was diagnosed as having sprain and strain of the right knee and leg. Treatment to date has included use of a knee brace, physical therapy, and medication. Physical examination findings on 2-13-15 included diffuse medial joint line tenderness, positive McMurray testing, and painful range of motion at end of extension and flexion. Currently, the injured worker complains of knee pain, clicking, catching, and occasional locking. The treating physician requested authorization for a MRI without contrast for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee MRI.

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

Decision rationale: The claimant sustained a work-related injury in October 2014 and is being treated for right knee pain. An x-ray of the right knee was negative. When seen, he was having pain and clicking, catching, and occasional locking. Physical examination findings included joint line tenderness and positive McMurray testing. An MRI scan of the knee is sensitive and specific for detecting meniscal tears or ligament injury. Criteria for obtaining an MRI include trauma with suspected ligament or meniscal injury. In this case, the claimant has a history of trauma and has not improved after conservative treatments. Plain film imaging was negative. The physical examination and reported symptoms are highly suggestive of a meniscal injury. The requested MRI is medically necessary.