Case Number:	CM16-0240434		
Date Assigned:	12/19/2016	**Date of Injury:**	11/09/2016
Decision Date:	01/19/2017	**UR Denial Date:**	11/28/2016
Priority:	Standard	**Application Received:**	12/14/2016

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
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 24 year old male with a date of injury on 11-09-2016. The injured worker is undergoing treatment for right knee contusion and right knee medial meniscus tear. The injured worker has a comorbid diagnosis of supraventricular tachycardia. A physician progress note dated 11-18-2016 documents the injured worker complains of right knee pain that he rates at 9 out of 10 on the pain scale and it is made worse by walking. His right knee gives way and there is locking. His right knee has 2 plus effusion as well as medial joint line tenderness. McMurray's is positive and range of motion is decreased. The treatment plan is for a MRI of the right knee without contrast. It is documented that on 11-10-2016 the injured worker returned to the Emergency Department because he was unable to bear weight and had right knee pain, locking, and giving way. The treatment plan includes a right knee MRI without contrast to evaluate for a medial meniscal tear given the mechanical symptoms and difficulty bearing weight. The injured worker is temporarily totally disabled. Treatment to date has included diagnostic studies and medications. Current medications include Norco and Baclofen. The Request for Authorization dated 11-18-2016 includes MRI of the right knee without contrast. On 11-28-2016, Utilization Review non-certified the request for MRI of the right knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, severe pain and dysfunction was reported in the right knee, including locking, instability, and swelling, and inability to bear weight. Physical findings were suggestive of an acute medial meniscal tear based on 2+ edema, instability, and positive provocative testing. This worker qualifies for an MRI of the right knee, as they are most likely not going to do well with conservative care alone based on the dysfunction and degree of pain. As these red flags were identified, this request for right knee MRI is medically necessary.