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| Case Number: | CM17-0009574 | | |
| Date Assigned: | 01/18/2017 | Date of Injury: | 11/22/2016 |
| Decision Date: | 02/13/2017 | UR Denial Date: | 12/19/2016 |
| Priority: | Standard | Application Received: | 01/13/2017 |

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 58 year old male, who sustained an industrial injury on 11-22-16. He reported injury when carrying rebar which slid down over the left knee. The injured worker was diagnosed as having left knee strain. Treatment to date has included use of crutches, use of a knee brace, and medication including Tylenol, Ketoprofen, Acetaminophen, and Orphenadrine Citrate ER. Physical exam findings on 12-6-16 included left knee medial joint line tenderness. No tenderness was noted over the left lateral joint line and the patella did not show subluxation. The left patella was not tender and no joint effusion was noted. Abduction and adduction stress testing was negative. Cruciate function was intact with negative anterior and posterior drawer's signs. An apprehension test was negative. Range of motion in the left knee was noted to be normal. 5 of 5 muscle strength was noted in the left lower extremity with extension and flexion. On 12-6-16, the injured worker complained of left knee pain rated as 10 of 10. The treating physician requested authorization for a MRI of the left knee without contrast. On 12-19-16 the request was non-certified by utilization review.

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 without contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. Detailed evidence of severe and/or progressive neurological abnormalities has been appropriately documented. There is currently objective documentation of neurological pain, such as deficits in sensation, reflexes, or muscle strength. The clinical information submitted for review meets the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is medically reasonable. I am reversing the previous utilization review decision. MRI of the left knee without contrast is medically necessary.