

Case Number:	CM17-0003591		
Date Assigned:	01/10/2017	Date of Injury:	10/31/2016
Decision Date:	02/02/2017	UR Denial Date:	12/09/2016
Priority:	Standard	Application Received:	01/05/2017

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 58 year old male with a date of injury on 10-31-2016. A review of the medical records indicates that the injured worker is undergoing treatment for strain of left knee. According to the progress report dated 11-30-2016, the injured worker presented for a recheck of the left knee. The injured worker reported being no better. Per the progress report dated 11-22-2016, the injured worker reported improving left knee pain and swelling. The injured worker was using crutches for ambulation. The physical exam (11-30-2016) revealed tenderness over the left knee lateral joint line. There was limited left knee range of motion in all planes with pain. Lateral Apley's grind test was positive. Treatment has included physical therapy (at least 4 visits) and medication. The original Utilization Review (UR) (12-9-2016) denied a request for MRI of the left lower extremity without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left lower extremity without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg - MRI (magnetic resonance imaging).

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

Decision rationale: Regarding the request for MRI of Left lower extremity without contrast, CA MTUS notes that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is documentation of ongoing knee pain with a positive Apley's test, which is suggestive of ligament injury, however this has not been noted to be present for more than 4-6 weeks. Also, the injured worker has had 2 weeks of physical therapy and is improving by the therapist note with improved range of motion after 4 sessions at 60% of target goal, from 41 degrees of flexion to 81 degrees. In light of the above, the currently requested MRI of Left lower extremity without contrast, is not medically necessary.