

Case Number:	CM13-0002403		
Date Assigned:	03/03/2014	Date of Injury:	08/05/1989
Decision Date:	06/30/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 08/05/1989 secondary to unknown conditions. The injured worker was evaluated on 06/12/2013 for reports of low back and leg pain described as constant and aching. The exam noted joint tenderness along the joint line with full range of motion to the knee. The exam also noted a painful McMurray's sign to the lateral and medial compartments and painful valgus and varus stress test. The diagnoses include lumbago and adverse effects of other medications. The treatment plan included a request for an MRI of the right knee. The Request for Authorization dated 06/28/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-143.

Decision rationale: The request for an MRI of the right knee is not medically necessary. The California MTUS/ACOEM Practice Guidelines recommend a diagnostic MRI after a period of

conservative care and observation. The examination noted joint tenderness to the knee and positive McMurray's sign, valgus stress test, and varus stress test. However, there is no evidence of conservative care trials such as NSAIDs and physical therapy. Therefore, based on the documentation provided, the request is not medically necessary.