

Case Number:	CM13-0026091		
Date Assigned:	11/22/2013	Date of Injury:	05/25/2001
Decision Date:	04/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 patient is a 67-year-old male who reported an injury on 05/21/2001. The mechanism of injury is not specifically stated. The patient is currently diagnosed with osteoarthritis of the knee. The patient was seen by [REDACTED] on 09/23/2013. The patient reported persistent pain in bilateral shoulders and bilateral knees. It is noted that the patient has undergone an arthroscopic debridement of the left knee. The patient has also been treated with viscoelastic injections. Physical examination revealed tenderness to palpation of the medial joint line on the right, painful range of motion, and positive McMurray's testing. Treatment recommendations included an MRI of the right knee to confirm a meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and

observation. As per the documentation submitted, the patient has been previously treated with conservative care for the left knee. However, there is no documentation of an exhaustion of treatment with regard to the right knee. There is no documentation of a significant change or progression of symptoms. Additionally, the patient's x-rays indicated early arthritis of the medial compartment of the right knee, which could explain the patient's symptoms. Based on the clinical information received, the request is non-certified.