

Case Number:	CM13-0027445		
Date Assigned:	12/11/2013	Date of Injury:	07/25/2012
Decision Date:	04/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Family Medicine and is licensed to practice in Arizona. 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 39-year-old male who suffered an industrial injury to his right knee as well as his cervical and lumbar spine on July 25, 2012. The diagnoses include right knee sprain/strain, and lateral collateral ligament sprain. The subjective complaints are of occasional pain right knee with pain rated 3-4/10, worse with squatting, and occasional instability. The physical exam noted pain on flexion, but full range of motion, and no evidence of instability or ligament laxity. The patient had received twelve (12) physical therapy sessions for his right knee. There is no documentation of the use of either over the counter medications or prescription medications, or evidence of efficacy of physical therapy.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-331, 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Non-MTUS citation: Official Disability Guidelines (ODG), Knee, MRI

Decision rationale: The MTUS/ACOEM Guidelines state that special imaging studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines state that for non-traumatic knee pain, an MRI is recommended if there are findings suggestive of internal derangement. For this patient, the submitted documentation does not show evidence of significant subjective/objective findings of functional deficit. The exam findings as documented do not show evidence of ligament laxity, instability, or internal derangement. Therefore, the medical necessity of a knee MRI is not established.