MAXIMUS Federal Services

Case Number:	CM13-0029516		
Date Assigned:	11/01/2013	Date of Injury:	11/06/2007
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, 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 physician 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:

This injured worker's date of injury is 11/6/07. The records do not document the original injury, but they do state that there is decreased mobility in the left knee. There is tenderness on palpation at the joint line medially, and crepitus is present. [redacted] note from 7/30/13 states that he ordered an MRI of the left knee "to assess joint such that plan can be drawn."

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 341-347.

Decision rationale: The description of the physical exam of the knee is insufficient, and there is no specific clinical impression that fulfills a medical necessity for a knee MRI. MRIs of adults frequently demonstrate lesions and abnormalities that often do not correlate with either the pain or difficulties in function that the patient has. An MRI of the knee is indicated to determine the extent of ACL tears, when surgery to repair the ACL is planned; there is no documentation of

such an injury in the patient. Given the documentation, the request for an MRI of the left knee is non-certified.