

Case Number:	CM13-0040410		
Date Assigned:	12/20/2013	Date of Injury:	09/17/2007
Decision Date:	03/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery 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 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:

The patient is a 59-year-old female who reported injury on 09/17/2007. The mechanism of injury was noted to be the patient was driving and felt a pain in the lower leg into the left knee. The patient had surgery in 01/2008. The patient's diagnosis was noted be sprain of the medial collateral ligament of the knee. The patient had tenderness to palpation on the posterior of the knee with swelling in the posterior aspect and the patient had flexion and extension with pain. The request was made for an MRI of the left knee and an orthopedist referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRI.

Decision rationale: Official Disability Guidelines indicate that a repeat MRI is appropriate postsurgically if needed to assess knee cartilage tissue repair. The patient was noted to have previous surgery of the knee in 2008 and there was a lack of documented rationale to support the

requested MRI. Given the above, the request for Magnetic resonance (EG, Proton) imaging, any joint of lower extremity, without contrast patient, as outpatient is not medically necessary.