

Case Number:	CM13-0042286		
Date Assigned:	12/27/2013	Date of Injury:	04/30/2013
Decision Date:	05/06/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery, 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 claimant is a 44-year-old female who was injured in a work related accident on April 30, 2013. The records indicate the claimant fell down steps injuring her back, legs and "entire body". Initial treatment was focused on the claimant's lumbar spine. A clinical follow-up report of September 11, 2013 indicated continued complaints of pain about the left lower extremity localized to the left knee, worse with walking. The right knee was with minimal complaints of pain. Objectively there was noted to be negative straight leg raising, tenderness over the lumbosacral spine with myofascial tenderness noted to the paravertebral musculature. Physical examination to the knee itself was not noted. It states that the claimant's left knee is with continued symptoms and persistent pain and a Magnetic resonance imaging (MRI) scan was recommended for "further diagnostic work up". The clinical records reviewed indicate no previous imaging to the knee has taken place.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-- Treatment in

Worker's Comp , 18th Edition, 2013 Updates: knee procedure - MRI's (magnetic resonance imaging).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guideline criteria were used. The Magnetic resonance imaging (MRI) scan of the knee would not be indicated. California Medical Treatment Utilization Schedule (MTUS) states, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Magnetic resonance imaging (MRI) scans of the knee in the sub-acute setting would be indicated if there is evidence of negative plain film radiographs and continued symptomatic findings suggestive of internal derangement. The records at present do not indicate imaging to the knee in the form of plain film radiographs with recent assessment at which time the Magnetic resonance imaging (MRI) was requested performing no physical examination demonstrating pertinent positive physical examination findings to the knee. The absence of physical examination and plain film radiographs would fail to necessitate the acute need of a knee Magnetic resonance imaging (MRI) at this stage of the claimant's course of care.