

Case Number:	CM13-0044769		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2011
Decision Date:	02/26/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 64-year-old female who reported an injury on 3/9/11; the mechanism of injury was cumulative trauma while performing normal job duties. This caused injury to the cervical spine, bilateral hips, bilateral knees, and bilateral wrists. The patient's treatment history for the bilateral knees included anti-inflammatory drugs and physical therapy. The patient's most recent clinical examination findings documented persistent left knee pain; however, the medical documentation submitted for review does not provide a recent assessment or evaluation of the left knee. The patient's treatment plan included an MRI of the left knee and continued 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 left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine recommends an MRI for the knee when there are red flag conditions, or physical findings to support the suspicion of internal derangement. The clinical documentation submitted for review

did not provide any recent evidence of mechanical symptoms, significantly limited range of motion, or effusion that would support the suspicion of red flag conditions or internal derangement. Therefore, the need for an MRI of the left knee is not clearly established. As such, the requested MRI of the left knee is not medically necessary or appropriate.