

Case Number:	CM13-0046946		
Date Assigned:	12/27/2013	Date of Injury:	10/01/1999
Decision Date:	04/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, 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 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 60-year-old female who reported an injury on 10/01/1999. The mechanism of injury was not provided in the medical records. The 01/06/2014 clinical note reported complaint of neck, low back, and left knee pain and stiffness. Her objective findings included positive Spurling's, spasms, tenderness, and decreased range of motion with pain to the cervical spine. Her lumbar spine examination was positive for straight leg raise, spasms, tenderness, paraspinal pain, and decreased range of motion with pain. Her left knee was positive for McMurray's with locking and clicking.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LEFT KNEE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California ACOEM states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The documentation submitted did not provide evidence of outcomes from conservative care and observation,

including the patient's pain and functional deficits via VAS score. As such, efficacy cannot be determined and does not support the need for imaging at this time. Given the above, the request is non-certified.