

Case Number:	CM13-0051107		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2013
Decision Date:	04/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 64-year-old female who was injured on April 28, 2013, when she fell and injured both knees and her left elbow. X-rays of the right elbow and both knees done on the day of Final Determination Letter for IMR Case Number CM13-0051107 3 injury were negative for fracture. The patient continued to experience pain in both knees. Physical examination was notable for lateral joint line tenderness to both knees, medial joint line tenderness to the right knee, positive McMurray test bilaterally, and negative anterior and posterior drawer tests bilaterally. There were no motor or sensory deficits. MRI of both knees was done prior to May 29, 2013 and showed medial and lateral meniscal tears of the right knee and lateral meniscal tear of the left knee. Treatment included physical therapy which was not e=helpful and medications. Request for authorization for magnetic resonance imaging (MRI) of the bilateral knees was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008, KNEE COMPLAINTS, 1021-1022

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE, MRI'S (MAGNETIC RESONANCE IMAGING).

Decision rationale: Indications for MRI of the knee are as follows: - Acute trauma to the knee, including significant trauma or if suspect posterior knee dislocation or ligament or cartilage disruption. - Non-traumatic knee pain, child or adolescent when initial anteroposterior and lateral radiographs are non-diagnostic and if internal derangement is suspected. - Non-traumatic knee pain, adult for non-trauma, non-tumor, non-localized pain when initial anteroposterior and lateral radiographs are non-diagnostic internal derangement is suspected. - Non-traumatic knee pain, adult for non-trauma, non-tumor, non-localized pain, if initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. In this case the patient had already received MRI's of both knees sometime in May 2013, showing meniscal tears. There was no documentation of new trauma, new symptoms, or change in the patient's physical examination. Medical necessity has not been established.