

Case Number:	CM13-0057437		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2008
Decision Date:	04/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working least at 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 51-year-old male who reported injury on 08/21/2008. The mechanism of injury was not provided. The patient was noted to undergo a right knee arthroscopy and medial meniscectomy on 11/10/2008. The recent clinical documentation submitted for review indicated the patient's left knee was hurting more than usual due to the over compensation for the right knee pain. It is indicated that the patient saw the orthopedic surgeon who evaluated the left knee and indicated the left knee meniscus was torn. Patient indicated that his left knee was hurting more than his right knee. Patient's diagnosis was noted to be pain in the joint lower leg. The request was for an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the 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

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

Decision rationale: ACOEM Guidelines indicate that most knee problems improve quickly once any red flags are ruled out. Additionally, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Clinical documentation

submitted for review failed to indicate the patient had conservative care for the left knee. There was a lack of documentation of an objective physical examination for the left knee to support the necessity for an MRI. There was a lack of documentation of conservative care for the left knee. Given the above and the lack of documentation, the request for an MRI of the left knee is not medically necessary.