

Case Number:	CM13-0059003		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2010
Decision Date:	03/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/27/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 46-year-old female who was injured on October 22, 2010. The patient continued to experience pain in her knees bilaterally with stiffness, achiness, and difficulty with stairs. Physical examination showed range of motion 0-125 degrees, trace effusion, and patellofemoral crepitation. The patient had undergone left knee arthroscopy in June 3011 and right knee arthroscopy in October 2011. Diagnoses included osteoarthritis and patellochondromalacia. Treatment included Synviasec injections and physical therapy. Request for authorization for MRI 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:

MRI bilateral knees: 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg. MRI. GE Healthcare, CartiGram, Online Resource.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's

Decision rationale: In this case, the patient has nontrauma knee pain, but there is no reason to suspect internal derangement. There is no new injury. There is no documentation of localized pain or ligament disruption. Documentation does not support the necessity for MRI to bilateral knees. Therefore the request for an MRI bilateral knees is non-certified.