

Case Number:	CM13-0059101		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2011
Decision Date:	04/04/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/29/2013

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 Family Practice 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 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 39-year-old male who reported an injury on 11/19/2011. The mechanism of injury was noted to be due to repetitive motion. The patient underwent an MRI of the right knee without contrast, which did reveal suprapatellar bursa effusion, popliteal fossa cyst, patellar tilt, chondromalacia patellae, nor discrete femorotibial lesion. The patient had normal anterior and posterior cruciate ligaments. There was neither tear nor hyaline degeneration of the anterior or posterior horns of the lateral and medial menisci. The patellofemoral space was preserved. There was no internal derangement on the right knee. The patient additionally had an MRI of the left knee on 01/28/2012, which revealed the same findings. The clinical documentation of 11/06/2013 revealed that the patient had continued complaints of left greater than right knee pain with giving out. The request was made for a repeat MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Knee/Leg) Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRI

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is appropriate postsurgically if needed to assess knee cartilage repair tissue. The clinical documentation submitted for review, while indicating that the patient had left knee greater than right knee pain with giving out, there was a lack of documentation indicating the patient had a surgical repair. Additionally, there was a lack of documented rationale for the requested service. Given the above, the request for a repeat MRI of the right knee is not medically necessary.