

Case Number:	CM13-0060603		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2007
Decision Date:	05/21/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 45-year-old, gentleman injured in a work related accident 05/22/07. The records indicate he had an injury to the right knee. The patient is noted to be status post a prior arthroscopic evaluation and excision since time of injury. Current clinical visit of 10/27/13 indicates chief complaints of persistent right knee with stiffness. Examination showed tenderness to palpation and pain with passive range of motion. Further documentation of clinical findings were not noted. Based on the patient's continues complaints, an MRI scan of the knee was recommended for further assessment. Previous imaging for review includes 2011 plain film radiographs that were negative as well as an October 2009 bone scan demonstrating mild degenerative changes to the knees bilaterally. Recent treatment has included physical therapy, medication management, and activity restrictions. Further physical examination findings are not noted.

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 ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: Based on California ACOEM Guidelines, the role of imaging to this claimant's knee would not be indicated. Guidelines clearly indicate that imaging is typically not recommended with the exception of evidence of internal derangement despite failed conservative care. While this claimant is noted to be with chronic complaints of knee pain, physical examination findings demonstrate no acute clinical indicators of internal derangement or mechanical pathology. The role of an MRI scan at this chronic stage of the claimant's injury given the lack of documentation of recent physical examination findings would not be indicated. Therefore the request is not medically necessary.