

Case Number:	CM13-0062338		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2011
Decision Date:	04/03/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 22-year-old male who reported an injury on 11/14/11. The patient was diagnosed with patellar tendinitis and other unspecified derangement of medial meniscus. The physical examination of the right knee was normal. The patient had range of motion from 0 degrees to 135 degrees. There was no medial joint line tenderness, lateral joint line tenderness, or tenderness at the patellar tendon, quadriceps tendon, or pes anserine bursa.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for MRI of the bilateral knees without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The patient had a normal physical examination of the right knee. As such, the documentation does not support medical necessity. No clinical documentation was submitted for review indicating

failure of conservative care. Given the lack of documentation to support guideline criteria, the request is non-certified.