

Case Number:	CM13-0064000		
Date Assigned:	01/03/2014	Date of Injury:	02/19/2011
Decision Date:	05/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine & Rehabilitation, 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 injured worker is 22-year-old female who reported an injury on 02/19/2011. The mechanism of injury was not provided. Current diagnoses include sprain/strain of lumbosacral spine, bursitis of the hip, carpal tunnel syndrome, impingement syndrome, derangement of the knee, and bursitis pes anserinus. The injured worker was evaluated on 10/28/2013. The injured worker reported intractable back pain. The injured worker also reported right upper extremity pain and left knee pain. Prior conservative treatment was not mentioned. Physical examination was not provided. Treatment recommendations included continuation of current medication and a referral for a magnetic resonance imaging 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
Page(s): 341-343.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines

state special studies are not needed to evaluation most knee complaints until after a period of conservative care and observation. There is no mention of an attempt at conservative treatment for the left knee. There is also no physical examination provided on the requesting date. Based on the clinical information received, the request is non-certified.