

Case Number:	CM13-0064485		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2013
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
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 and 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 a 40-year-old male who reported an injury on 07/25/2013 after loosening a pick axe stuck in the ground, which reportedly caused a sudden onset of low back pain. The injured worker was evaluated on 08/15/2013. It was noted that the patient's knee exam was normal, with no tenderness and full mobility. The injured worker was again evaluated on 11/19/2013. It was documented that the injured worker continued to have left knee pain. The physical findings included knee range of motion within normal limits, and crepitus of the left knee. The injured worker's diagnoses included lumbar disc herniation, with back pain and radicular pain and left knee pain. A request was made for an MRI of the left knee, due to the chronicity of the injured worker's left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 KNEE COMPLAINTS CHAPTER, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008, PAGE 1021-1022

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

Decision rationale: The clinical documentation submitted for review indicates that the injured worker has had persistent knee pain complaints. However, there is no documentation that the injured worker has undergone any conservative treatment directed to the left knee. The MTUS/ACOEM Guidelines do not recommend special studies such as an MRI until a period of conservative care and observation have failed to resolve the injured worker's symptoms. The clinical documentation submitted for review is inconsistent with documentation of the severity of the injured worker's left knee injury. Additionally, in the absence of any conservative treatment of the left knee, a special study would not be supported. As such, the requested MRI of the left knee is not medically necessary or appropriate.