

Case Number:	CM14-0001979		
Date Assigned:	01/24/2014	Date of Injury:	05/03/2009
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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, has a subspecialty in Sports Medicine 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 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 45 year old male who reported an injury on 05/03/2009. Per the comprehensive note dated 09/10/2013 the claimant reported that he received an injection in the left knee in 2012 which helped with his pain. The assessment dated 10/23/2013, included a radiology report dated 04/21/2009, which stated the injured worker had bilateral knee joint effusions but otherwise were normal. The clinical note dated 10/30/2013, noted the injured worker had undergone arthroscopic surgery to the right knee on 09/21/2009. Upon physical exam the range of motion for the right knee was 130 degrees without pain and the left knee was 120 degrees without pain but painful beyond that. McMurray's maneuver was positive bilaterally. Diagnoses included bilateral knee strain and right knee ACL strain/partial repair. Per the clinical note dated 01/13/2014 the claimant continued to report pain to the left knee, on exam there was no swelling noted and the injured worker's gait was normal. The request for authorization for medical treatment was dated 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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, Section Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-336. Decision based on Non-MTUS Citation MTUS: ACOEM, KNEE
COMPLAINTS, 335-336

Decision rationale: MTUS/ACOEM guidelines state MRI is not recommend in the presence of any nonspecific knee pain with a nonspecific mechanism of injury without acute trauma or unique signs or symptoms. The injured worker was diagnosed with a knee sprain/strain. There is a lack of documentation regarding symptoms or tests that were performed to determine the extent of the claimant's knee pain and deficits. Based on the MTUS guidelines the injured worker did not have significant symptoms and physical exam findings to warrant an MRI. Therefore, the request for an MRI of the left knee is not medically necessary and appropriate.