

Case Number:	CM14-0002172		
Date Assigned:	01/24/2014	Date of Injury:	08/17/2011
Decision Date:	06/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family Medicine and is licensed to practice in Maryland. 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:

Patient is a 23 year old female with a date of injury on 8/17/2011. Diagnoses include right knee sprain with possible internal derangement. Subjective complaints are of pain and stiffness in the right knee with locking and feeling of instability. Physical exam shows tenderness over right knee medial and lateral joint line, and positive McMurray's test. MRI from 10/4/2011 revealed focal bone bruising along the lateral joint line. Submitted documentation does not indicate any recent failure of physical therapy or recent X-ray results.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI.

Decision rationale: The ODG states that in patients with non-acute knee symptoms who are highly suspected clinically of having intra-articular knee abnormality, magnetic resonance imaging should be performed to exclude the need for arthroscopy. The ODG further states that MRI can be considered for non-traumatic knee pain, patellofemoral symptoms, when there are

normal knee X-rays, or if internal derangement is suspected. MRI studies were also deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis. For this patient, the physical exam shows evidence of possible internal derangement. Therefore, the request for a knee MRI is medically necessary.