

Case Number:	CM14-0003997		
Date Assigned:	06/13/2014	Date of Injury:	08/18/2006
Decision Date:	07/15/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopaedic Surgery 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 46-year-old male was reportedly injured on August 18, 2006. The mechanism of injury was noted as a fall. The most recent progress note dated December 11, 2013, indicated there were ongoing complaints of right knee pain, right ankle pain and low back pain. The physical examination demonstrated lumbar spine paraspinal tenderness and decreased lumbar spine range of motion. There was a positive left-sided straight leg raise and decreased sensation at the lateral aspect of the left leg. Examination of the right knee noted a moderate effusion and tenderness at the medial and lateral joint lines. There was crepitus with range of motion as well as a positive McMurray's test and Apley's test. There were a diagnoses of a lumbar spine disc bulge with left sided sciatica, internal derangement of the right knee with osteoarthritis and osteoarthritis of the left knee. Treatment plan included an MRI of the right knee and a right knee hinged knee brace. Medications prescribed included Norco, Motrin and Soma. A request was made for a hinged knee brace for the bilateral knees, and an MRI of the right knee and was not certified in the pre-authorization process on December 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured employee was reported to have a previous MRI of the right knee, dated October 1, 2010, which was stated to find chondromalacia of the patella, a joint effusion and quadriceps tendon strain. There was no mention in the attached medical record about a significant change in the injured employee's knee pain or concern regarding potential right knee surgery, which could potentially necessitate a repeat MRI of the right knee. Without these concerns, this request for a right knee MRI is not medically necessary.