

Case Number:	CM14-0004692		
Date Assigned:	07/16/2014	Date of Injury:	10/25/2012
Decision Date:	08/14/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 Pain Management, and is licensed to practice in Texas and Oklahoma. 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 stre

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 56-year-old who reported an injury on October 25, 2012, due to cumulative trauma. On December 11, 2013, the injured worker presented with complaints of neck, shoulder, bilateral elbow, bilateral wrist, mid-back, and ankle pain. Upon examination of the bilateral knees, there was +3 tenderness to palpation over the medial joint line and +1 at the lateral joint line, as well as +1 tenderness at the patellofemoral joint to the right. There was 2+ tenderness to palpation over the medial and lateral joint line to the left. Prior treatment included physical therapy, a TENS (transcutaneous electrical nerve stimulation) unit, a brace, and medications. The provider recommended an MRI of the right knee. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TREATMENT GUIDELINES, KNEE/LEG.

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

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines state that if the injured worker does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The included medical documentation does not have evidence of a red flag in relation to the right knee. An adequate examination of the injured worker was not provided, detailing current deficits of the right knee to warrant the need of an MRI. The provider's rationale was not provided. As such, the request for an MRI of the right knee is not medically necessary or appropriate.