

Case Number:	CM14-0004927		
Date Assigned:	01/24/2014	Date of Injury:	03/20/2000
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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 patient is a 74-year-old female who has submitted a claim for unspecified disorder of joint, lower leg associated with an industrial injury date of March 20, 2000. The patient complains of left knee pain more on the posterior aspect. Physical examination of the left knee showed knee joint effusion and limitation of motion. The clinical impression was disorder of the left knee for which an MRI was requested. Treatment to date has included oral analgesics, TENS, home exercise program and physical therapy. Utilization review from December 17, 2013 denied the request for MRI of the left knee without contrast because there was no documentation of suspected knee dislocation, acute cartilage disruption, internal derangement, or significant acute trauma to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 13- KNEE COMPLAINTS, 1021-1022

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): algorithm 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, MRI (magnetic resonance imaging)

Decision rationale: According to Knee Complaints Chapter ACOEM Practice Guidelines states, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, and to determine extent of ACL tear preoperatively. ODG states that an MRI is considered unnecessary if X-rays alone could establish the diagnosis. In this case, there was no documentation of knee instability or recurrent effusion. There was also no documented signs of a bucket handle tear or a diagnosis of ACL tear. Furthermore, there was no evidence that a plain radiograph of the left knee was obtained. The medical necessity has not been established. Therefore, the request for MRI left knee without contrast is not medically necessary.