

Case Number:	CM14-0006696		
Date Assigned:	02/07/2014	Date of Injury:	04/03/2012
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 & Rehabilitation, 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 59-year-old male who reported an injury on 04/03/2012. The mechanism of injury was not stated. The injured worker's treatment history included chiropractic care, multiple medications, and physical therapy. The injured worker reportedly sustained an injury to multiple body parts to include the bilateral shoulders, cervical spine, and bilateral knees. The injured worker was evaluated on 12/10/2013. Physical findings included lateralized tenderness over the neck and shoulder, cervical paraspinal muscle spasming, and pain complaints of the bilateral knees. The injured worker's diagnoses included cervicalgia, lumbago, and sciatica. The request was made for a left knee MRI. The request was made secondary to ongoing bilateral knee pain and complaints of stiffness and achiness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGING) OF THE LEFT KNEE: 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),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The requested MRI of the left knee is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend MRIs when there are physical findings to support internal derangement that has not responded to conservative treatments. The clinical documentation does not clearly identify that the patient has had any conservative treatment specifically directed towards the bilateral knees. Additionally, the injured worker's most recent clinical evaluation does not provide a focused evaluation of the knees to support deficits that would benefit from this diagnostic study. As such, the requested MRI of the left knee is not medically necessary or appropriate.