

Case Number:	CM14-0006975		
Date Assigned:	07/02/2014	Date of Injury:	08/26/2013
Decision Date:	08/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 man with a date of injury of 8/26/13. He underwent MRI of the right knee on 10/17/13 showing 1.5cm chondromalacia and cartilage loss and tiny cartilage flaps at the weight bearing surface of the medial femoral condyle just above the medial meniscus, mild edema or induration at Hoffa's fat pad and small areas of enthesopathy at the quadriceps tendon insertion. He was seen by his primary treating physician on 10/17/13 and was to return to modified work with a diagnosis of right knee sprain/strain. He was using a brace and cane and had completed 6 sessions of physical therapy. His exam showed no effusion and moderate distal ITB tenderness. He had no instability and was able to weight bear without significant gait deviation. At issue is an additional MRI of the right knee completed on 11/22/13 at a subsequent physician visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI of the right knee (DOS 11/22/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-339.

Decision rationale: The request in this injured worker with ongoing right knee pain is for a MRI of the left knee. The records document a physical exam with t no red flags or indications for immediate referral or repeat imaging after an MRI one month prior did not show any significant anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags and with an MRI completed one month prior, a repeat MRI of the right knee is not medically indicated.