

Case Number:	CM14-0008154		
Date Assigned:	01/24/2014	Date of Injury:	04/17/2008
Decision Date:	06/06/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic 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 records reflect that this 39-year-old individual was injured in April, 2008. The current diagnosis list includes lumbago, sciatica, osteoarthritis of the lower extremity and pain in joint. The records reflect that this request was not certified based on lack of documentation of conservative care and a comprehensive physical examination. The mechanism of injury was noted as picking a vacuum cord causing right lower extremity and low back pain. Treatment with viscosupplementation and low back acupuncture is also noted. In response to the noncertification, the treating provider noted there was a slight effusion of the right knee, pain with palpation at the superior bold patella and pain with crepitation noted with patellofemoral compression. There is no noted varus or valgus instability. McMurray's test is negative. Several follow-up evaluations were identical.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: As outlined in the ACOEM guidelines, special studies of the knee (MRI) require that comprehensive conservative care protocol be completed. At that time, with ongoing significant clinical findings this joint effusion, joint line tenderness, or indicators of a significant intra-articular pathology such as a loss of the flexion, an MRI can be completed. The progress notes presented for review do not indicate any of these parameters. As such, based on the limited clinical information presented for review this request is not clinically indicated.