

Case Number:	CM14-0102980		
Date Assigned:	09/16/2014	Date of Injury:	09/12/2012
Decision Date:	10/06/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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:

This male patient has persistent low back and bilateral knee pain subsequent to an injury dated 9/12/12. The physician reports ongoing back pain with a radiculopathic component. Exam of the low back reveals diminished ROM and spasm. There are no details regarding the knee pain. There is no documentation of a detailed exam or history. The location, intensity, and exacerbating factors of the knee pain is not documented. The physical findings regarding the knees is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Updated 6/5/14) MRI's (Magnetic Resonance Imaging) Official Disability Guidelines: Indications for Imaging-MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 13 Knee Complaints Page(s): 13-15; 333-335.

Decision rationale: MTUS Guidelines state that there should be a reasonable level of medical evaluation to justify additional testing. The lack of a reasonably detailed history and the lack of

an updated exam does not meet MTUS standards that would justify additional testing. Under these circumstances, the request for the right knee MRI is not consistent with Guidelines and is not medically necessary.