

Case Number:	CM14-0015361		
Date Assigned:	02/28/2014	Date of Injury:	05/11/1997
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 presented for review indicate that this 58-year-old individual was injured in May, 1997. A progress note from September, 2013 noted a recent emergency room evaluation, however, there was a full range of motion of the knee and plain films dated September 18, 2013 were noted to be within normal limits. The mechanism of injury was noted while driving a "man lift, bending picking up product" occurred resulting in left knee pain. Treatment to date has included injections, medications, plain films, enhanced imaging studies (MRI) and physical therapy. No significant improvement is noted. The imaging studies were repeated over the years. Currently, the injured employee is reported be retired. In August 20, 2013 arthrogram of the bilateral knees has been obtained. The postsurgical meniscal changes are noted, the tricompartmental degenerative joint disease and the chondral flap tear has been objectified. The pain complaints are noted to be 3-10/10. Physical examination noted mild swelling of the left knee and a catching sensation is noted. Crepitus in the right knee is reported. A slight decrease in knee flexion is identified, however, motor function is noted be 5/5. The clinical assessment was bilateral knee degenerative joint disease. Nonsteroidal medications were prescribed. Left knee arthroscopic surgery is suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 (ODG) Official Disability Guidelines, Knee & Leg Chapter-MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: An MRI of the left knee was completed in August, 2013. Significant intra-articular pathology, to include tricompartmental osteoarthritis, was noted. There was no subsequent or intervening injury or event noted to suggest the need of a repeat study. Furthermore, when noting the physical examination reported, treatment rendered, and the current clinical condition, there is no basis for such a study.