

Case Number:	CM14-0112834		
Date Assigned:	08/01/2014	Date of Injury:	02/18/1998
Decision Date:	10/14/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 gentleman was reportedly injured on February 18, 1998. The mechanism of injury is stated to be a slip and fall. The most recent progress note, dated January 14, 2014, indicates that there were ongoing complaints of right knee pain and instability, anxiety, and depression. Current medications include Alprazolam, Pennsaid, Percocet, and Piroxicam. The physical examination demonstrated an antalgic gait favoring the left lower extremity. There was joint crepitus with range of motion and flexion limited to 70. There was pain with patella compression and a positive McMurray's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left knee arthroscopic surgery, aquatic therapy, and oral as well as topical medications. A request had been made for an MRI of the left knee and was not certified in the pre-authorization process on July 1, 2014.

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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI, Updated October 7, 2014.

Decision rationale: According to the Official Disability Guidelines the indications for an MRI of the knee include acute trauma or suspected dislocation, or ligament or cartilage disruption. According to the progress note, dated January 14, 2014, there was a history of an acute injury. The injured employee complains of instability and there was a positive McMurray's test on physical examination. As such, this request for an MRI of the left knee is medically necessary.