MAXIMUS Federal Services

Case Number:	CM14-0125613		
Date Assigned:	08/11/2014	Date of Injury:	10/11/2005
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 claimant is a 62-year-old who was injured in work related accident 10/11/05 injuring her left knee. Clinical records specific to the left knee include a prior MRI report showing a signal change of the medial meniscus with bone bruising to the medial compartment and a medial collateral ligament sprain from May of 2006. A follow up report dated 07/15/14 indicates chronic left knee complaints stating pain over the medial aspect of the knee associated with kneeling and squatting. There were mechanical symptoms. The claimant was with examination showing 0 to 115 degrees of motion, an antalgic gait, positive McMurray's testing, and negative instability. Recommendations were for an updated MRI scan to further assess the claimant's current condition. It indicates the claimant might require the need for a knee arthroscopy. Prior treatment to the knee has not included any form of operative management. There is no indication of recent plain film radiographs for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (updated 06/05/2014), MRI.

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

Decision rationale: Based on California ACOEM guidelines an MRI scan to the claimant's knee would not be indicated. The claimant's prior imaging of 2006 demonstrated meniscal pathology. Without documentation of plain film radiographs, there would be no acute indication for a repeat MRI scan of the claimant's knee without documentation of prior surgical history. Guidelines would support the role of plain film radiographs to better assess the claimant's underlying degenerative findings. If plain film radiographs would be negative and surgery is being considered, the claimant's diagnosis from 2006 study would already clearly establish a diagnosis.