MAXIMUS Federal Services

Case Number:	CM14-0131687		
Date Assigned:	08/27/2014	Date of Injury:	02/13/2014
Decision Date:	09/29/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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:

The patient is a 49 year old woman who was injured at work on 2/13/2014. The injury was primarily to her right knee. She is requesting review of denial for a repeat MRI of her right knee. The medical records corroborate ongoing care for her injuries. These records include care by her Primary Treating Physician. The diagnosis specific to her knee problem is: Sprain/Strain Knee. An MRI was performed on 3/18/2014. This was described as suggesting a remote osteochondral injury at the posterior aspect of the medial femoral condyle. She has been treated with NSAIDs, physical therapy, activity restrictions, and a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-358. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI.

Decision rationale: The Official Disability Guidelines comment on the use of MRI for knee problems. These guidelines state that an MRI is recommended for soft-tissue injuries (meniscal,

chondral surface injuries, and ligamentous disruption). The records indicate that this was done as evidenced by the MRI report of 3/18/2014. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, or fracture).Table 13-1 in the MTUS/ACOEM Guidelines comment on red flags for potentially serious knee conditions that would warrant further investigation, including an MRI. These red flags include signs of swelling, severe pain on motion, abnormal mobility, locking, buckling or instability. The medical records in this case show no evidence of any of these red flag symptoms since the 3/18/2014 MRI. Therefore, there is no evidence in support of the need for a repeat MRI. The repeat MRI is not considered as medically necessary.