

Case Number:	CM14-0133537		
Date Assigned:	08/27/2014	Date of Injury:	09/26/2013
Decision Date:	10/03/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 underlying date of injury in this case is 09/26/2013. The date of the utilization review under appeal is 08/08/2014. The treating diagnoses include a lumbar sprain with radiculopathy, bilateral blunt trauma to the knee, chondromalacia patella, and a knee contusion. An initial physician review references physician notes of 07/30/2014 and 06/18/2014, which are not available at this time. On 03/24/2014, the patient was seen in orthopedic followup regarding ongoing low back pain radiating down both legs. At that time, the patient was felt to have lumbar radiculopathy and a lumbar sprain as well as a resolved sprain of both knees. Examination of both knees was within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Second Edition, 2014; Special StudiesODG Knee and Leg (web): updated 6/5/14; MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: ACOEM Guidelines Chapter 13 Knee, page 343, states that only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion. The available medical records at this time are limited in terms of documenting a rationale for the requested MRI of the right knee. At this time, it is not possible to determine physical exam findings or a differential diagnosis to support a rationale for this request. This request for an MRI is not medically necessary.