

Case Number:	CM14-0151590		
Date Assigned:	09/19/2014	Date of Injury:	08/18/1981
Decision Date:	10/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Interventional Spine 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 injured worker is a 63 year old male with an injury date of 08/18/81. The 08/20/14 report states that the injured worker "presents for follow up for the bilateral knees with decreased swelling and tenderness in the knee with some catching of the right knee post 3 Synvisc injections." Examination reveals tenderness in the medial joint line (parapatellar) of the right knee, Lachman's anterior test--for both knees. The injured worker's diagnosis is primary localized osteoarthritis, lower leg, and unspecified laterality. The utilization review being challenged is dated 09/08/14. Treatment reports from 03/13/14 to 08/20/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation The American College of Radiology (ACR)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Knee & Leg (Acute & Chronic)

Decision rationale: The treating physician requests for 1 MRI of the right knee that the treating physician note is for evaluation for chondral and meniscal pathology. No prior MRIs were provided or discussed. Reports indicate that the injured worker has been treated since at least 03/13/14 with a regimen of medications for back and knee pain. The ODG-TWC guidelines state the following regarding knee MRI: "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." In this case, the treating physician notes concern about chondral pathology. The request for Magnetic Resonance Imaging (MRI) of the Right Knee is medically necessary.