

Case Number:	CM14-0154091		
Date Assigned:	09/23/2014	Date of Injury:	10/05/1994
Decision Date:	11/19/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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:

This is a 65 years old male patient who sustained an injury on 10/5/1994. He sustained the injury due to cumulative trauma. The diagnosis includes medial compartment osteoarthritis. A recent detailed clinical evaluation note is not specified in the records provided. Per the records provided, physical examination dated 5/9/14 revealed a positive patellar compression test with notable crepitus and pain at the front end of the patellar areas and tenderness along the medial joint line, a slight effusion, no instability but gapping with varus and valgus stress testing. The medications list was not specified in the records provided. He has had left knee MRI dated 12/15/2005 which revealed tear of medial meniscus. This MRI report was not specified in the records provided. He has undergone surgeries for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of the Left Knee, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter:Knee & Leg (updated 10/27/14) MRI's (magnetic resonance imaging)

Decision rationale: Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation....." Patient has already had left knee MRI on 12/15/2005 which revealed tear of medial meniscus. This MRI report was not specified in the records provided. Per the ODG guidelines "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue." A recent detailed clinical evaluation note is not specified in the records provided. A recent history of surgery is not specified in the records provided. The records provided do not specify a response to a reasonable period of conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for knee pain. In addition, a recent X-ray report for the left knee is not specified in the records provided. The medical necessity of the MRI Scan of the Left Knee, as an Outpatient is not established for this patient.