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| Case Number: | CM14-0155047 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 03/28/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/08/2014 |
| 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 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 injured worker is a 36-year-old male who reported an injury on 03/28/2013. The mechanism of injury was not provided. The injured worker has a diagnosis of internal derangement of the right knee. Past medical treatment included chiropractic therapy, physical therapy, acupuncture, and medications. Diagnostic testing included an x-ray of the right knee, date not provided, and a functional capacity evaluation. An MRI of the right knee performed 08/01/2013 was noted to show a strain of the medial collateral ligament complex and mild prepatellar bursitis. There was no pertinent surgical history provided. The injured worker complained of right knee joint pain, and increased pain with prolonged walking and activities on 08/14/2014. The physical examination revealed palpated mild tenderness with slight spasm along paraspinal muscles of lumbar spine and along the right knee joint. The physical examination also revealed better mobility and range of motion of the lumbar spine and knee. The injured worker had positive orthopedic tests, including straight leg raise, Kemp's, McMurray's, and Bechterew's. Current medications were not provided. The treatment plan is for an MRI of the right knee with contrast. The rationale for the request was not submitted. The Request for Authorization form was submitted on 09/13/2014.

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 with contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's (magnetic resonance imaging)

Decision rationale: The request for MRI of the right knee with contrast is not medically necessary. The Official Disability Guidelines state repeat MRI of the knee is recommended post-surgically if there is a need to assess knee cartilage repair tissue. For non-traumatic knee pain, MRI may be indicated if initial radiographs are non-diagnostic. The injured worker had an MRI of the left knee performed on 08/01/2013 that showed a strain of the medial collateral ligament complex and mild prepatellar bursitis. The injured worker complained of right knee joint pain and increased pain with prolonged walking and activities on 08/14/2014. It was noted there was mild tenderness along the right knee joint as well as better mobility and range of motion of the knee with a positive McMurray's. There is a lack of documentation regarding recent radiographs of the right knee that were non-diagnostic. There is no indication as to the need to assess knee cartilage repair tissue. There is no evidence of a significant change in symptoms or findings suggestive of significant pathology to support repeat imaging. Therefore, the request for MRI of the right knee with contrast is not medically necessary.