

Case Number:	CM14-0155507		
Date Assigned:	09/25/2014	Date of Injury:	09/21/2010
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 Geriatrics and is licensed to practice in New York. 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 65-year-old man with a date of injury of September 21, 2010. He was seen by his primary treating physician on April 3, 2014. He complained of bilaterally need pain and loss of sleep. His exam showed tenderness to the knee area and bilateral decrease in range of motion of his knees. His diagnoses were bilateral knee internal derangement / bilateral knee effusion, bilateral knee sprain/strain and insomnia. He is status post right arthroscopic meniscectomy and debridement in 2012 and an MRI in 2011 showed a degenerative tear of the medial meniscus of the right knee. At issue in this review is the request for a right knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic bilateral knee pain is for a MRI of the right knee. The records document a physical exam with reduction in range of motion

but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, the request for an MRI of the right knee is not medically necessary or appropriate.