

Case Number:	CM14-0158145		
Date Assigned:	10/01/2014	Date of Injury:	05/14/2014
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine and is licensed to practice in District of Columbia and Virginia. 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.h

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 27 year old patient who sustained injury on May 14 2014. He had ongoing knee pain issues. He was found to have lumbosacral tenderness at L3-S1. He and MRI of the Left knee on Jul 28 2014 which showed medial and lateral meniscus linear increased signal in the posterior horn of the meniscus that likely reflects internal degeneration. MRI of the right knee was done on Jul 27 2014. He had an x-ray of the left knee on Jul 2 2014 which showed lateral compartment joint space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contrast X-ray of the knee joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), KNee & Leg (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-335.

Decision rationale: Per ACOEM, if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The criteria presented in Table 13-2 follow the clinical thought process, from the mechanism of illness or

injury to unique symptoms and signs of a particular disorder and, finally, to test results, if any tests are needed to guide treatment at this stage. See table 13-2. The patient had testing with an MRI of both knees and further screening with an x-ray would not be indicated as medically necessary.