

Case Number:	CM14-0170476		
Date Assigned:	10/20/2014	Date of Injury:	12/17/2002
Decision Date:	11/20/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

There are very limited medical records to review. The injured worker (IW) is a 55-year-old man with a date of injury of December 17, 2002. The mechanism of injury is not documented in the medical record. According to the Secondary Treating Physician's Progress Report (PR-2) Request for Authorization dated September 9, 2014, the IW is complaining of pain and giving way in the left knee as well as locking sensation with the pain localized laterally. There were no objective findings documented in the submitted medical record. There were no medications documented in the medical record. The IW underwent hemiarthroscopy at the left knee June 14, 2013. X-rays of the knee (unspecified laterality) dated September 9, 2014 documented the prosthesis was well aligned and no obvious evidence of loosening was noted. Reason given for the request: The MRI of the left knee was requested for possible lateral meniscus pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter; MRI

Decision rationale: Pursuant to the Official Disability Guidelines, the MRI left knee is not medically necessary. The guidelines state reliance only on imaging studies to evaluate the source of these symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal relationship with the current symptoms. The guidelines enumerate the criteria for MRI evaluation of the knee: acute trauma to the knee, including significant trauma; nontraumatic knee pain (patellofemoral symptoms with initially nondiagnostic radiographs); nontraumatic knee pain (non-trauma, non-tumor, non-localized pain). In this case, there is very limited clinical information to review. There are subjective complaints of "locking sensation" and "giving way". However, there is no additional historic information and no objective clinical information with which to make an informed decision. Based on the clinical information in the medical record, lack of clinical information in the medical record and the peer-reviewed evidence-based guidelines, the MRI of the left knee is not medically necessary.