

Case Number:	CM14-0171557		
Date Assigned:	10/23/2014	Date of Injury:	06/08/2012
Decision Date:	11/21/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/16/2014

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 Utah. 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 patient is a 54 year-old female. The patient's date of injury is 6/8/2012. The mechanism of injury was a slip on a kiwi peel that resulted in a fall. The patient has been diagnosed with left knee meniscus tear (diagnosed by MRI of 8/24/14), tenosynovitis and a patella fracture. The patient's treatments have included a home exercise program, imaging studies, and medications. The physical exam findings dated 5/29/2014 shows no physical exam. The patient's medications have included, but are not limited to, Norco, Naproxen, Ibuprofen, Tramadol, and Lidoderm patches. The request is for an MRI of the left knee without dye/contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee w/o dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines):
Indications for Imaging

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 347.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the left knee, without dye.

There is no clear indication on why the patient needs a repeat MRI at this time. The patient has been diagnosed with a knee meniscus tear per previous MRI. According to the clinical documentation provided and current MTUS guidelines; MRI of the left knee, without dye, is not indicated as a medical necessity to the patient at this time.