

Case Number:	CM14-0184064		
Date Assigned:	11/10/2014	Date of Injury:	02/23/2005
Decision Date:	12/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/05/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 52 year old female who had undergone surgical repair of the left patella tendon in 2005. She was treated for chondromalacia in 2012. The worker was riding a bicycle and reported diffuse knee pain. No twisting injury or mechanical symptoms such as effusion, locking, catching, or giving way are documented. On examination no effusion or hemarthrosis is documented. The patella tendon is intact. There is no McMurray sign present. There is no instability. Lachman and anterior drawer are absent. No x-rays have been obtained to check for osteoarthritis. The disputed request pertains to an MRI scan of the left knee. No conservative treatment is reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic) MRIs (magnetic resonance imaging) Indications for imaging --MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 336, 343, 346, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Magnetic resonance imaging

Decision rationale: There is no history of acute trauma documented. The pain is generalized. There is no joint effusion present. The history of chondromalacia is significant. On examination there is no McMurray sign present. No localized tenderness is noted. There is no instability. The guidelines suggest knee x-rays to make the diagnosis which will likely be osteoarthritis. There are no mechanical symptoms to suggest a meniscal tear. California MTUS and ODG guidelines for MRI scans include acute trauma, non-traumatic knee pain in the patellofemoral area or diffuse non-traumatic knee pain if x-rays are negative or if x-rays show evidence of internal derangement that needs additional imaging. Based upon the documentation provided, the request for an MRI scan of the left knee is not medically necessary.