

Case Number:	CM14-0022739		
Date Assigned:	06/11/2014	Date of Injury:	06/28/2012
Decision Date:	08/11/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas 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 45 year old female who reported an injury to her left knee. The clinical note dated 12/10/13 indicates the injured worker stated the initial injury occurred on 06/28/12 when she slipped on a bathroom floor and twisted her left knee resulting in a fall. The injured worker was initially diagnosed with a left knee sprain and treated with an ace wrap and crutches. However, the injured worker did report ongoing left knee pain with associated swelling and a giving way sensation. Upon exam, tenderness was identified upon palpation over both the medial and lateral joint lines. The injured worker was able to demonstrate 6 to 107 degrees of range of motion at the left knee. The injured worker was recommended for an MRI of the left knee at that time. The clinical note dated 11/25/13 indicates the injured worker showing no reflex, sensation, or strength deficits in the lower extremities. There is an indication the injured worker has undergone physical therapy with no significant benefit. The utilization review dated 02/17/14 resulted in a denial for an MRI of the left knee as the injured worker had previously undergone studies and no information had been submitted regarding a new injury. The therapy note dated 09/07/12 indicates the injured worker having completed 6 physical therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST LEFT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for an MRI without contrast at the left knee is not medically necessary. The documentation indicates the injured worker complaining of ongoing left knee pain with associated range of motion deficits. There is an indication the injured worker has previously undergone an MRI in the remote past. However, the injured worker has also completed a course of physical therapy addressing the left knee complaints also in the remote past. No information was submitted regarding the injured worker's recent completion of any conservative treatments addressing the left knee complaints. Therefore this request case is not medically necessary.