

Case Number:	CM14-0023268		
Date Assigned:	05/14/2014	Date of Injury:	04/01/2010
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 37-year-old male with an injury date of 04/01/10. Based on the 12/16/13 progress report provided by [REDACTED] the patient complains of pain along the medial and lateral aspect of the knee. The 08/26/13 MRI of the right knee reveals the following: 1. Chronic tear of body and posterior horn of lateral meniscus 2. Myxoid degeneration in posterior horn of medial meniscus 3. Fabella posterior to lateral temporal condyle 4. Degenerative arthritis in the form of osteophytes, reduced joint space and chondromalacia 5. Small knee joint effusion. The patient is diagnosed with a bucket handle tear of the lateral meniscus. [REDACTED] is requesting for a MRI of the right knee. The utilization review determination being challenged is dated 02/04/14. [REDACTED] is the requesting provider, and he provided four treatment reports from 11/11/13- 03/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Plus (APG-i), Knee MRI (<http://apg-i.acoem.org/browser/treatmentSummary.aspx?tsid=1967>).

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, Indications for Imaging, MRI.

Decision rationale: According to the 12/16/13 report by [REDACTED], the patient presents with pain along the medial and lateral aspect of the knee. The request is for a MRI of the right knee. ODG Guidelines state that "Repeat MRIs are recommended if need to assess knee cartilage repair tissue. In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." In this case, the patient already had an MRI on 08/26/13 and there are no changes in symptoms or exam findings that would cause the need for a new MRI. Recommendation is not medically necessary.