

Case Number:	CM14-0024441		
Date Assigned:	06/11/2014	Date of Injury:	06/21/1991
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 injured worker is a 72-year-old female injured on June 6, 1991. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 30, 2014, indicated that there were ongoing complaints of right knee pain with weight bearing and numbness radiating up her thigh. The physical examination demonstrated tenderness to palpation of the medial joint line, limited range of motion. X-ray report from last note indicates no increase in osteoarthritis. Treatments included corticosteroid injection, non- narcotics, and previous lumbar spine fusion. A request has been made for MRI of the right knee and was not certified in the pre-authorization process in February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF RIGHT 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.

Decision rationale: Based on the above clinical findings, current history and previous injection, the request for a repeat right knee MRI is not medically necessary. The above guidelines

recommend an MRI for an acute injury or trauma or a history of internal derangement which the physical exam and complaints do not support. Furthermore, there is no noted effusion or find the physical examination to support the need for an additional MRI. Therefore, an MRI would not improve the condition of osteoarthritis, deeming the procedure not medically necessary.