

Case Number:	CM14-0025869		
Date Assigned:	06/13/2014	Date of Injury:	12/03/1997
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 48 year old male who was injured on 12/03/1997 as the patient was involved in a motor vehicle accident and presented with neck and back pain and pain in the right knee. Prior treatment history has included physical therapy, which was reported on the utilization review dated 02/14/2014. There is no documentation submitted in the medical records. Diagnostic studies were not submitted in the medical records for review. A progress report dated 02/11/2014 documented the patient has complaints of migraine. A utilization report dated 02/14/2014 states the request for MRI right knee was not certified as there was no evidence of plain knee x-ray to substantiate the need for MRI at this stage for this injury dating back to 1997.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As per ACOEM Guidelines, MRI is recommended to identify physiologic insult and define anatomic defects. The ODG recommends MRI of the knee for evaluation of

internal derangement if there is clear preliminary imaging to support the need for the test or clear physical examination findings. The medical records document that the patient has not had an X-ray findings that could suggest further testing with an MRI. Further, the documents show any recent physical examination that would indicate deficit in range of motion, strength, instability, crepitus, or positive provocative maneuver. As such, the request is not medically necessary and appropriate.