

Case Number:	CM14-0025948		
Date Assigned:	06/13/2014	Date of Injury:	03/14/2011
Decision Date:	08/11/2014	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 injured worker is a 37-year-old female who was reportedly injured on March 14, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 10, 2014, indicated that there were ongoing complaints of left knee pain. There were no physical examination findings presented for review. Previous clinical assessments of the left knee indicates that a sympathetic nerve block was completed with a 3 day period of pain relief. Diagnostic imaging studies were not reviewed. Previous treatment included multiple injections, nerve blocks, care and medications. A request had been made for a left knee magnetic resonance image and plain films of the left knee and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE 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.

Decision rationale: When noting the date of injury, the injury sustained, the pathology objectified and the current clinical assessment, there is insufficient clinical data needed for repeat

study. This is a gentleman who has a complex regional pain syndrome (reflex sympathetic dystrophy), and the physical examination did not indicate any acute intra-articular pathology. Therefore, a magnetic resonance image of the knee is not medically necessary.

COMPLETE X-RAYS OF THE 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.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, such special studies are reserved for those complaints that have objectified. When considering the diagnoses listed, treatment rendered, the date of injury and the previous imaging studies, there is no medical evidence presented to repeat this event.