

Case Number:	CM14-0029270		
Date Assigned:	06/20/2014	Date of Injury:	08/25/2011
Decision Date:	07/29/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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:

Patient is a 69 year-old female with date of injury 08/25/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/12/2014, lists subjective complaints as worsening right knee pain initiated by walking or exercise. Patient has a chronic injury over two years old. Objective findings: Examination of the right knee revealed full range of motion with no instability. Ankle tenderness was noted anteriorly. Radiographs were negative. Diagnosis: knee pain, possible meniscus tear. Patient underwent an MRI of the right knee on 05/01/2014 which revealed no evidence of fracture or malalignment. There was no evidence of joint effusion. Globular increased signal intensity posterior horn medial meniscus most consistent with intrasubstance degeneration. Tear is not entirely excluded. The rest of the findings were unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: Despite the utilization review determination on 02/26/2014 not certifying the Magnetic resonance imaging (MRI) of the right knee, the patient underwent the study on 05/01/2014. The study showed age-related degenerative changes. The report associated with the request documented an essentially normal examination of the right knee. There were no red flags on either the objective or subjective findings. The request for a MRI of right knee is not medically necessary.