

Case Number:	CM14-0031888		
Date Assigned:	05/14/2014	Date of Injury:	06/14/2009
Decision Date:	07/11/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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:

The patient is a 34-year-old male who has submitted a claim for left knee patella chondromalacia associated with an industrial injury date of June 14, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increasing pain on the left knee with prolonged walking, standing, climbing, squatting, and kneeling. He reported no additional injury or trauma to either knee. On physical examination, the patient had normal gait. Left knee examination showed tenderness medially with no swelling, effusion, patellofemoral crepitation, or instability. Right knee examination was unremarkable. Treatment to date has included medications, right knee injection, and right knee arthroscopic meniscectomy with patella chondroplasty and lateral patella release. Utilization review from February 28, 2014 denied the request for magnetic resonance imaging (MRI) of the left knee. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ON THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 01/20/14), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Algorithm 13-1.

Decision rationale: According to ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, and to determine extent of anterior cruciate ligament (ACL) tear preoperatively. In this case, the medical records only revealed left knee pain and tenderness on examination with no documentation of instability. There is no clear indication for an MRI of the knee at this time. Therefore, the request for MRI of the left knee is not medically necessary.