

Case Number:	CM14-0035605		
Date Assigned:	06/23/2014	Date of Injury:	07/12/2011
Decision Date:	10/09/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 Nevada. 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 69-year-old individual who was reportedly injured on July 12, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 29, 2014, indicated that there were ongoing complaints of right knee pain. Also noted were complaints of low back pain and neck pain. The physical examination demonstrated an alert, oriented individual with tenderness about the right knee. There was medial and lateral joint line tenderness, and the patellofemoral tendon was also noted to be tender. Electrodiagnostic studies reported bilateral C6 and C7 as well as L5 and S1 radiculopathy. Previous treatment included work restrictions, medications and injections. A request had been made for magnetic resonance image of the right knee and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI on the Right Knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, updated June, 2014

Decision rationale: The standards outlined for an MRI the knee, as noted in the ODG (MTUS does not address), are not met. When considering the date of injury, the marginal physical examination, the lack of any established in particular pathology on plain films, there is insufficient clinical data to establish medical necessity for this request. There was no noted acute trauma, the plain films were not identified not considered to be "nondiagnostic" and the physical examination findings do not support intra-articular pathology. Therefore, the criterion noted in the ODG are not met. This request is not medically necessary.