MAXIMUS Federal Services

Case Number:	CM14-0036613		
Date Assigned:	06/25/2014	Date of Injury:	08/05/1989
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported injury on 08/05/1989. The mechanism of injury was a lifting injury. The injured worker underwent an x-ray of the right knee, 3 views, on 01/23/2014 that revealed no abnormalities. Per the progress report dated 01/28/2014, the injured worker had a history of a meniscal tear. The injured worker was noted to have right knee pain. The physical examination revealed joint tenderness and tenderness over the mid medial collateral ligament (MCL). There was decreased flexion, pain with flexion, and decreased extension on the right lower extremity. The diagnosis was knee pain, joint, leg pain. The treatment plan included medications, Toradol 60mg intramuscular, and as the right knee x-ray was within normal limits, the physician opined there should be a MRI (magnetic resonance imaging).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Diagnostic Imaging. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee pain, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The ACOEM Guidelines indicate that special studies are not needed to evaluate most knee complaints after a period of conservative care and observation. While the injured worker had a normal x-ray of the knee, the clinical documentation submitted for review failed to indicate the recent prior conservative care that was provided. Given the above, the request for an MRI (magnetic resonance imaging) of the right knee is not medically necessary.