

Case Number:	CM14-0038325		
Date Assigned:	06/25/2014	Date of Injury:	02/11/2014
Decision Date:	08/13/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/01/2014

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 Diagnostic Radiology, has a subspecialty in Neuroradiology and is licensed to practice in California and Illinois. 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:

This 53-year-old patient sustained a work related left knee injury on 2/11/2014. On 2/13/2014, clinical examination revealed mild knee pain 5/10 without significant physical findings. X-ray of the left knee was reported without significant trauma related findings. The patient resumed his regular duties. On 2/28/2014 the patient's left knee pain had slightly improved 4/10. There was mild swelling but no joint effusion, mild tenderness over the lateral patello-femoral region and antero- lateral pain with tibial torsion. There was no note of evidence of ligamentous injury or internal derangement on physical examination. No course of conservative treatment or surgical intervention is noted. Knee support was applied and fitted. The medications include Mobic for pain. Magnetic resonance imaging (MRI) of the left knee without contrast infusion was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint of lower extremity w/o dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335. 341-343.

Decision rationale: Based on available limited clinical records, the injured person's knee pain is improving and back on his regular duties. There is no documentation of significant abnormal findings in the physical examination to suggest meniscal or ligament injury, internal derangement or abnormal x-ray. According to the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines, special studies are not needed to evaluate most knee complaints after any red flag issues are ruled out and a course of observation and conservative therapy has been followed. Therefore the magnetic resonance imaging (MRI) of the left knee at this time is not medically necessary.