MAXIMUS Federal Services

Case Number:	CM14-0041538		
Date Assigned:	06/30/2014	Date of Injury:	08/27/1999
Decision Date:	11/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal 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 an injured worker who is status post right knee surgery. Date of injury was 08-27-1999. Orthopedic report dated October 5, 2013 documented that the patient underwent a right knee revision surgery 1/31/13 and seems to be doing well. Occupational medical report dated 02/07/2014 documented subjective complaints of pain of bilateral knees. Physical examination was documented. The patient appears to be in mild pain. The gait of the patient was antalgic and slowed. No examination of the right knee was documented. Occupational medical report dated 03/05/2014 documented the medications Daypro, Lidoderm, Baclofen, Imitrex, and Ambien. Subjective complaints and objective findings were not documented. Diagnosis was injury to knee. MRI magnetic resonance imaging is requested of the right knee. The reason for the MRI request is right knee pain several years. Arthroscopy of the right knee was performed 07/15/2002 with chondroplasty and partial synovectomy. Utilization review determination date was 3/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 341, 343-345, 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine the extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. Orthopedic report dated October 5, 2013 documented that the patient underwent a right knee revision surgery 1/31/13 and was reported to be doing well. Occupational medical report dated 02/07/2014 documented subjective complaints of pain of bilateral knees. No physical examination of the right knee was documented. Occupational medical report dated 03/05/2014 did not document subjective complaints or physical examination. No plain film x-ray radiographs were documented. Because physical examination and plain film radiographs of the right knee were not documented, the request for a MRI magnetic resonance imaging of the right knee is not supported.Therefore, the request for MRI Right Knee is not medically necessary.