

Case Number:	CM14-0045188		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2004
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 Interventional Spine, 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 37 year old male with an injury date of 08/16/04. Based on the 02/28/14 progress report provided by [REDACTED], the patient complains of lumbar spine pain which he rates as a 7/10, and right knee pain which he rates as a 8/10. The pain in the low back and right knee is described as sharp and stabbing that radiates into the right foot with numbness and tingling, as well as weakness in the right leg. The patient also has insomnia. The patient's diagnoses include the following: 1. Insomnia. 2. Lumbosacral spine herniated disc. 3. Lumbar radiculitis/neuritis. 4. Lumbar discopathy, status post surgery. 5. Right knee internal derangement. 6. Mood disorder. [REDACTED] is requesting for a magnetic resonance imaging (MRI) of the right knee. The utilization review determination being challenged is dated 03/05/14. [REDACTED] is the requesting provider, and he provided two treatment reports from 01/27/14 and 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341, 342.

Decision rationale: According to the 02/28/14 report by [REDACTED], the patient presents with pain in his lumbar spine and right knee. The request is for a magnetic resonance imaging (MRI) of the right knee. ACOEM guidelines do not support MRI's in the absence of red flags or progressive neurologic deficit. The review of the reports do not reveal why the treater is asking for another set of MRI. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. The request is therefore not medically necessary and appropriate.