

Case Number:	CM14-0048443		
Date Assigned:	06/25/2014	Date of Injury:	07/25/2011
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics and is licensed to practice in New York. 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 42 year old man with a date of injury of 7/25/11. He was seen by his physician on 12/27/13 with complaints of left knee pain. He had good and bad days and his medication was said to be helpful. His exam is documented as no change. His diagnoses included torn medial meniscus and chondromalacia left knee and complex regional pain syndrome. The next note is dated 4/3/14 and indicates that the requested MRI of the left peroneal nerve was not certified and that he was slowly improving. A physical exam is again documented as no change. At issue in this review is a left peroneal nerve MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI left peroneal nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic knee pain is for a MRI of the left peroneal nerve. The available records do not document a physical exam other than no

change. Therefore, there are no red flags documented or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, the medical necessity of an MRI of the left peroneal nerve is not substantiated.