

Case Number:	CM14-0055089		
Date Assigned:	07/09/2014	Date of Injury:	09/02/2000
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on September 2, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 21, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated a positive McMurray's test, a decreased range of motion, and medial joint line tenderness. Diagnostic imaging studies were not presented for review. Previous treatment included surgical intervention and physical therapy after a left total knee replacement arthroplasty. A request had been made for an MRI of the right knee and was not certified in the pre-authorization process on April 9, 2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The standards outlined in the ACOEM guidelines are for MRIs for those patients with chronic knee pain, which is mechanically disruptive, or objectified findings to support internal arrangement. Based on the progress notes presented for review, it is not clear

the standards were met. It was noted that the injured employee underwent a total knee arthroplasty for the left knee, and that there is a reported degenerative joint disease of the right knee; however, based on the range of motion reported, there is insufficient data to suggest the need for an MRI of the knee to address the ordinary disease of life degenerative changes. The MRI Right Knee is not medically necessary.