

Case Number:	CM14-0067445		
Date Assigned:	07/11/2014	Date of Injury:	11/10/2010
Decision Date:	09/12/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 injured worker is a 53-year-old female who was reportedly injured on November 10, 2010. The mechanism of injury is noted as cumulative trauma. No progress note or physical examination is included. A magnetic resonance image (MRI) of the left knee dated March 10, 2014, revealed a complex tear of the medial meniscus, a lateral disc like meniscus, a partial tear of the medial collateral ligament and lateral collateral ligament, semimembranous tendinosis, a joint effusion, chondromalacia patella, and an osteochondral lesion of the medial compartment. Previous treatment is unknown. A request was made for a MRI of the left knee and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004),: current edition; knee disorders, diagnostic investigations.

Decision rationale: According to the American College of Occupational and Environmental Medicine a magnetic resonance image (MRI) is recommended for individuals with subacute or chronic knee symptoms in which mechanically disrupted internal derangement or similar soft tissue pathology is a concern. As the attached documentation does not include any mention of the injured employee symptoms, a physical examination, or potential diagnosis, this request for an MRI of the left knee is not medically necessary.