

Case Number:	CM14-0072813		
Date Assigned:	07/16/2014	Date of Injury:	02/09/2012
Decision Date:	09/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 57-year-old female who was reportedly injured on February 9, 2012. The mechanism of injury is noted as a slip and fall. The most recent progress note dated April 18, 2014, indicates that there are ongoing complaints of low back pain and right greater than left knee pain. The physical examination demonstrated knee range of motion from 0 to 130 and a positive McMurray's test. An x-ray of the left knee revealed slight degenerative joint disease and an x-ray of the lumbar spine revealed degenerative disc disease. Previous treatment includes right knee surgery on April 4, 2013. A request was made for a left knee magnetic resonance image and was not certified in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee MRI: 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 progress note dated April 18, 2014 does indicate that there is a positive McMurray's test but it is not stated if this is for the left or right knee. No other mechanical

symptoms or physical examination findings are noted. Considering this, the request for a left knee magnetic resonance image is not medically necessary.