

Case Number:	CM14-0076566		
Date Assigned:	07/18/2014	Date of Injury:	05/11/2009
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

Injured worker is a 42 year old female presenting with a history of a work related accident that occurred on 5/11/2009. She injured her right knee while assisting a resident. She was diagnosed with a right knee sprain. A magnetic resonance imaging scan of the right knee was done on 4/7/2011 and did not reveal ligament or cartilage damage. She was treated oral analgesics, physical therapy, and a right knee injection. Physical exam of the right noted persistent non-specific tenderness. Her treating physician is requesting a repeat magnetic resonance imaging scan of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI jnt of lower extremity w/o dye: 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), Treatment Index, Knee and Leg Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Magnetic resonance imaging (MRI).

Decision rationale: Official Disability Guidelines (ODG) guidelines state that repeat magnetic resonance imaging scans are reserved for post-surgical cases if there is a need to assess knee cartilage repair tissue. This criterion is not met as there was no documentation of previous right knee surgery in this injured worker. In addition, American College of Occupational and Environmental Medicine guidelines state that magnetic resonance imaging scan is indicated in patients with chronic knee pain symptoms in which internal derangement is a concern. However this injured worker had a previous right knee magnetic resonance imaging scan that did not show any internal derangement. Therefore, the request for a repeat magnetic resonance imaging scan of the right knee would not be considered medically necessary.