

Case Number:	CM14-0078658		
Date Assigned:	07/18/2014	Date of Injury:	01/20/2014
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 44-year-old male who reported an injury on 01/20/2014; the mechanism of injury was not provided. On 07/17/2014, the injured worker presented with left knee pain. Upon examination, the injured worker ambulated in the room without assistance and was utilizing a left knee brace. The diagnosis was pain in the joint, lower leg. Prior treatment included medication and physical therapy. The provider recommended an MRI of the left knee; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI of the left knee is not medically necessary. The California MTUS states that most knee problems improve quickly once any red flag issues are ruled out. For injured workers with significant hemarthrosis and a history of acute trauma,

radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of new symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, and therefore have no temporal association with the current symptoms. The clinical notes state the injured worker had an MRI of the left knee in 06/2014 and it revealed a complex tear of the body segment/posterior horn of the medial meniscus. There was no clear rationale as to why the injured worker would need another MRI of the left knee. There was lack of documentation of significant objective functional changes that would warrant the need for a repeated MRI of the left knee. As such, the request is not medically necessary.