

Case Number:	CM14-0078791		
Date Assigned:	07/21/2014	Date of Injury:	10/21/1998
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
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 Family Medicine and is licensed to practice in Utah. 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 patient is a 46 year-old male. The patient's date of injury is 10/21/1998. The mechanism of injury not stated in the clinical documents. The patient has been diagnosed with bilateral knee pain, osteoarthritis, neuropathic pain, depression, anxiety and opioid tolerance. The patient's treatments have included imaging studies, and medications. The physical exam findings, dated 4/15/2014 show the patient ambulating with a cane. The range of motion in the knee is noted as full. There is a mild effusion in the left knee noted. The patient is described as hypersensitive to percussion. The medial joint line is tender, with no laxity noted. Thee knee has full extension and flexion. The reason for the MRI is stated as, "we will order new x-rays and MRI scans of both knees to update where we are with knees. I still think it is unlikely that I am going to recommend going forward with the total knee replacement as yet." The patient's medications have included, but are not limited to, Norco, Ambien, Lyrica, Xanax, Zoloft, Butrans, and Morphine. The request is for MRI bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee Chapter, MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI bilaterally of the knees. The clinical documents lack documentation a comprehensive knee examination, other than palpation and motion testing. The patient has also had a previous MRI in the past. There is no indication that the patient will be going to have surgical intervention that would warrant a MRI of both knees at this time. According to the clinical documentation provided and current MTUS guidelines; MRI's of both knees, is not indicated as a medical necessity to the patient at this time.