

Case Number:	CM14-0087625		
Date Assigned:	07/25/2014	Date of Injury:	04/07/2014
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 Emergency 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 39-year-old, who sustained an injury on April 7, 2014. The mechanism of injury occurred when he slipped and twisted his left knee. Diagnostics have included: April 9, 2014 left knee x-ray reported as showing minimal degenerative disease. Treatments have included: medication, brace. The current diagnoses are: left knee sprain, r/o left knee internal derangement, cervical spine radiculopathy, right thumb contusion. The stated purpose of the request for Magnetic Resonance Imaging (MRI) joint of lower extremity without dye, was to rule out internal derangement. The request for Magnetic Resonance Imaging (MRI) joint of lower extremity without dye, was denied on May 28, 2014, citing a lack of documentation of physical therapy trials. Per the report dated May 7, 2014, the treating physician noted a previous history of anterior cruciate ligament reconstruction. The treating physician noted complaints of left knee pain. Left knee exam findings included a positive Lachman's sign, a mildly positive McMurray test, full range of motion and medial joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) joint of lower extremity without dye: Upheld

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

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

Decision rationale: The requested Magnetic Resonance Imaging (MRI) joint of lower extremity without dye, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The treating physician has documented a positive Lachman's sign, a mildly positive McMurray test, full range of motion and medial joint line tenderness. The treating physician has not documented significant physical exam findings indicative of internal derangement or ligament instability. The treating physician has not documented failed physical therapy trials. Therefore, the request for an MRI joint of lower extremity without dye is not medically necessary or appropriate.