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| Case Number: | CM14-0088913 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 03/19/2012 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/19/12. A utilization review determination dated 5/20/14 recommends non-certification of left knee MRI as no abnormal exam findings of the knee were noted. 4/16/14 medical report (signed 5/7/14) identifies that, on reevaluation on 4/21/14, the patient had been attending therapy twice a weeks. She was sore in the neck, right shoulder, and back. Shoulder exam revealed limited abduction. An MRI of the left knee was requested. Left knee MRI 4/22/14 identified: Peripheral extrusion of the medial meniscus which likely reflects a tear; fluid signal off the posterior aspect of the medial tibial plateau which is consistent with bone edema; degenerative marginal osteophyte off the superoposterior aspect of the patella; knee joint effusion.

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): 341-343.

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

Decision rationale: Regarding the request for MRI of the left knee, California MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the documentation available for review, there is no current documentation of any red flags, locking, catching, objective evidence of ligament injury, or another clear rationale for an MRI in the absence of any significant findings documented on physical exam. In light of the above issues, the currently requested MRI of the left knee is not medically necessary.