

Case Number:	CM14-0010305		
Date Assigned:	02/21/2014	Date of Injury:	01/17/2013
Decision Date:	03/27/2015	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 1/17/13. She has reported bilateral knee injury. The diagnoses have included left knee internal derangement, right knee overcompensating pain, lumbar spine overcompensating pain, chondromalacia patella and patellofemoral tracking syndrome and anterior cruciate sprain. Treatment to date has included physical therapy, brace and medications. Currently, the injured worker complains of bilateral knee pain. Physical exam dated 10/25/13 noted tenderness to palpation over the medial joint line and medical collateral ligaments and patellofemoral crepitus. She stated her pain level is improving. On 12/23/13 Utilization Review non-certified updated (MRI) magnetic resonance imaging of left knee, noting (MRI) magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology; (MRI) magnetic resonance imaging was performed on 7/19/13. The ODG was cited. On 1/17/14, the injured worker submitted an application for IMR for review of updated (MRI) magnetic resonance imaging of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATED MRI OF THE LEFT KNEE: Upheld

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

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

Decision rationale: There are no recent x-rays of the knee showing acute findings. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients 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 knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries, failed conservative treatment trial or progressive change to support for the imaging study. The UPDATED MRI OF THE LEFT KNEE is not medically necessary and appropriate.