

Case Number:	CM14-0137370		
Date Assigned:	09/05/2014	Date of Injury:	02/11/2005
Decision Date:	12/02/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 56 year old male, who sustained an industrial injury on 02-11-2005. A review of the medical records indicates that the worker is undergoing treatment for internal derangement-degenerative joint disease of the right knee, status post left knee operative arthroscopy in 2005, internal derangement-degenerative joint disease of the left knee with tear in the medial meniscus and status post left knee arthroscopy with arthroscopic partial meniscectomy in 10-2013. X-rays of the left knee on an unknown date was noted to show degenerative changes with very slight medial bone narrowing. MRI arthrogram of the left knee dated 01-31-2014 was noted to show an abnormal signal consistent with possible smaller cartilage partial thickness tear. Subjective complaints (05-07-2014, 06-16-2014 and 07-07-2014) included left knee pain. Objective findings (05-07-2014, 06-16-2014 and 07-07-2014) included slightly antalgic gait with bilateral knee pain, tenderness to palpation over the joint line of the left knee, grade 4 out of 5 quadriceps-hamstring strength, mild patellofemoral irritability and range of motion of 0-115 degrees. Treatment has included acupuncture, functional restoration program and surgery. Symptoms were noted to continue despite some improvement with conservative measures. The physician noted that an MRI of the left knee was being requested as the worker had remained symptomatic despite the passage of time. A utilization review dated 07-29-2014 non-certified a request for MRI of the left knee.

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 Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s):
Special Studies.

Decision rationale: The request in this injured worker with chronic knee pain is for a MRI of the knee. The records document a physical exam with reduction in range of motion but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the left knee is not medically indicated. The request for a left knee MRI is not medically necessary or substantiated in the records.