

Case Number:	CM14-0186559		
Date Assigned:	11/14/2014	Date of Injury:	10/02/2014
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 injured worker's date of injury is 10/02/2014. This patient receives treatment for knee pain. The initial injury consisted of a fall from losing balance and footing from a Lego. The patient experiences left knee stiffness and right knee pain and stiffness. The fall resulted in a contusion of the left knee. On 10/06/2014 there was tenderness on the medial and lateral aspects of the knee. There was tenderness mainly on the L knee. Testing for internal derangement was negative. The patient's knees were x-rayed and ibuprofen was prescribed for pain. The patient was referred to PT. Diagnoses include L knee contusion and strain of the R knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: An MRI of the knee may be medically indicated to help diagnose a posterior dislocation or ligamentous or cartilage disruption. The history of the injury and the physical examination do not support the likelihood of these clinical entities. Additionally, some PT

sessions were performed and no clinical red flags were seen. The documentation does not support the medical necessity to perform an MRI for this patient.