

Case Number:	CM14-0190919		
Date Assigned:	11/24/2014	Date of Injury:	09/24/2012
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Practice and is licensed to practice in Utah. 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 patient is a 47 year-old female. The patient's date of injury is 9/24/2012. The mechanism of injury is not described. The patient has been diagnosed with cervical disc displacement, lumbar disc displacement, right ankle internal derangement, cervical radiculitis, right heel spur, and lumbar radiculitis. The patient's treatments have included imaging studies, and medications. The records state that the injured patient has already had a left knee MRI on 4/4/2014 ordered by her primary treating physician. MRI report and findings of 4/4/2014 is included in the medical records. The physical exam findings are not included in the provided documents. The patient's medications are not included in the provided documents. The request is for an MRI of the left knee. The records state that the injured patient has already had a left knee MRI on 4/4/2014 ordered by her primary treating physician. MRI report and findings of 4/4/2014 is included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the left knee, as outpatient (use of contrast unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 347.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an MRI of the left knee. MTUS guidelines state the following: Recommended MRI study to determine the extent of ACL tear preoperatively. Not recommended for ligament collateral tears. The records state that the injured patient has already had a left knee MRI on 4/4/2014 ordered by her primary treating physician. MRI report and findings of 4/4/2014 is included in the medical records. There is no further indication for the patient to have another MRI done at this time. According to the clinical documentation provided and current MTUS guidelines; an additional MRI of the knee is not medically necessary.