

Case Number:	CM14-0201223		
Date Assigned:	12/11/2014	Date of Injury:	02/05/1999
Decision Date:	01/31/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 70-year-old woman with a date of injury of 02/05/1999. A treating physician note dated 10/30/2014/2014 identified the mechanism of injury as a fall, resulting in multiple injuries that were not specified. This note indicated the worker was experiencing right knee pain with swelling, numbness, and tingling. The documented examination described a positive right patellar grind test, tenderness in the right joint line, and a positive McMurray's sign on the right. The submitted and reviewed documentation concluded the worker was suffering from right knee pain. An x-ray report dated 10/30/2014 described findings consistent with significant osteoarthritis in the right knee joint. Treatment recommendations included a MRI of the right knee and medications injected into the knee joint. A Utilization Review decision was rendered on 11/20/2014 recommending non-certification for MRI imaging of the right knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-352.

Decision rationale: The MTUS Guidelines recommend the use of MRI imaging of the knee to confirm a meniscal tear if surgery is being considered; to determine the extent of an anterior or posterior cruciate ligament tear; to confirm patellar tendinitis only if surgery is being considered; and to confirm prepatellar bursitis, ligament strain and patellofemoral syndrome when needed. The submitted and reviewed documentation concluded the worker was suffering from right knee pain. X-rays showed findings consistent with significant osteoarthritis. There was no discussion suggesting a concern for any of the above issues, that surgery was being considered, or special circumstances that supported this imaging study in this setting. In the absence of such evidence, the current request for MRI imaging of the right knee without contrast is not medically necessary.