

Case Number:	CM14-0201710		
Date Assigned:	12/12/2014	Date of Injury:	10/14/2014
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 32-year-old male who was injured at work on October 14, 2014. At the physician's visit dated October 28, 2014, the documentation reflected the worker was having trouble walking and was experiencing bilateral knee pain. The pain was described as dull and constant. The physical examination was remarkable for mild swelling in the right knee. Work status was described as modified. Diagnosis at this visit was contusion of the knee. The plan of care at this visit was conservative care while waiting on the results of a magnetic resonance imaging and to return in two weeks. At dispute is the request for MRI of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 348-350.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: The medical records provided for review do not indicate a medical necessity for MRI of the bilateral knees. The documents reviewed did not provide any information suggestive of serious problems that would require immediate MRI. The initial examination

revealed abnormal gait, mild swelling and tenderness; the positive McMurray's test was added in later documentation in November, after the request for MRI knee was made. The MTUS recommends MRI of the knee in suspected cases of Meniscal tear, tear of cruciate ligaments or collateral ligaments. Usually, the history and physical examination provide strong clues to these conditions; therefore MRI is only necessary for confirmation. Consequently, in the absence of red flags for serious neurological compromise or dislocation or infection or tumor, the injuries necessitating MRI include examination finding of locking of knee with flexion, positive drawer or Lachman's signs, tenderness at origin or insertion of a ligament. Therefore, the request for MRI is not medically necessary.