

Case Number:	CM14-0208128		
Date Assigned:	12/22/2014	Date of Injury:	04/23/2010
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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 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 04/23/2010. The initial injury was the result of a fall that occurred at work. This patient receives treatment for chronic right knee pain, elbow, and wrist pain. The patient received treatment with Menthoderm ointment and TENS. There was an MRI of the knee on 07/12/2010 which showed a small effusion. There was an MRI of the right knee performed on 08/24/2012 which showed an ACL strain. This review covers a request for another MRI of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 355.

Decision rationale: The treating physician requests another knee MRI to see if there are any cartilage defects. There is a report of other MRIs of the right knee in 2010, 2012, and one dated 07/03/2014. This showed synovitis of the intercondylar notch. The documentation does not make clear if the treating physician has diagnosed clinically an internal derangement, nor is there any

indication that if this was found, that conservative treatment has been tried and failed. Another knee MRI is not clinically indicated or medically necessary.