

Case Number:	CM14-0209825		
Date Assigned:	12/23/2014	Date of Injury:	01/15/2013
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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 and is licensed to practice in New York. 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 61 year old female with a date of injury of 01/15/2013. She fell while walking down stair and had a left femur fracture. On 01/16/2013 she had an open reduction internal fixation of the left femur fracture. She had physical therapy and was P&S by orthopedist. She then saw a chiropractor on 11/11/2014. It was noted that she had persistent right knee pain and right leg pain that increases with prolonged weight bearing or prolonged sitting. On examination she had decreased range of motion of the right knee. A right knee MRI was requested during that initial office visit with the chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329-353.

Decision rationale: There is no documentation of right knee trauma or injury. There were no red flag signs of severe trauma to the right knee. There is no documentation of failure of any conservative treatment for the right knee (physical therapy, medications, activity modification

etc). There is no documentation of any right knee instability, ligament damage, or meniscal damage. It does not appear that the patient was examined for a McMurray's sign, anterior drawer sign, Lachman sign. There is no documentation of any weakness or abnormal reflex. There is no documentation of an abnormal gait. There is no documentation of any knee swelling. In the absence of red flag signs and conservative treatment the requested right knee MRI is not consistent with MTUS, ACOEM, Chapter 13. She does not appear to be a candidate for imminent surgery. The requested right knee MRI is not medically necessary at this point in time.