

Case Number:	CM14-0072786		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2011
Decision Date:	01/30/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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 is a patient with a date of injury if February 17, 2011. A utilization review determination dated April 22, 2014 recommends noncertification for an MRI of the right and left knees. Noncertification was recommended due to a lack of information to distinguish whether the patient's complaints or mechanical issues related to the knee or radiating pain from the lumbar pathology. A progress report dated January 10, 2014 identifies subjective complaints which seem to indicate pain in the left knee. Objective examination findings show bilateral knees with decreased range of motion and crepitus. Diagnoses are somewhat illegible but do not appear to include any diagnoses related to the knees. The treatment plan recommends MRI of both knees ankles and feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Magnetic Resonance Imaging (MRI) of Right Knee (DOS: 02/26/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): algorithms 13-1 and 13-3, and page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI

Decision rationale: Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.

Retrospective Request: Magnetic Resonance Imaging (MRI) of Left Knee (DOS: 02/26/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): algorithms 13-1 and 13-3, and page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI

Decision rationale: Regarding the request for MRI left knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.