

Case Number:	CM15-0003323		
Date Assigned:	01/14/2015	Date of Injury:	10/02/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 56 year old male with an industrial injury dated 10/02/2014 from a fall. His diagnoses include right shoulder sprain/strain, left knee sprain/strain, and cervical and lumbar spine strain/sprain. Recent diagnostic testing has included an x-ray of the left knee (10/07/2014) which showed soft tissue swelling anterior to the knee with no evidence of acute fracture or dislocation, minimal joint fluid, mild degenerative changes with early tricompartmental osteophytes and small osteochondroma of the lateral distal femoral metaphysis. He has been treated with medications and durable medical equipment for several weeks. In a progress note dated 12/04/2014, the injured worker reported left knee pain and the treating physician reported a positive McMurray's test for left knee pain. The treating physician is requesting MRI of the left knee to rule out internal damage which was denied by the utilization review. On 12/17/2014, Utilization Review non-certified a request for a MRI of the left knee, noting the absence of mechanism of injury and the lack of clinical objective findings to support a MRI of the left knee. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 01/07/2015, the injured worker submitted an application for IMR for review of MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the left knee. The records document a physical exam which showed a positive McMurray's test for left knee pain but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the left knee is not medically indicated. The medical necessity of a left knee MRI is not substantiated in the records.