

Case Number:	CM15-0006565		
Date Assigned:	01/26/2015	Date of Injury:	11/12/2011
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 11/12/2011. The mechanism of injury was not specifically stated. The current diagnoses include internal derangement of the knee, joint derangement of the lower leg, and congenital face and neck anomaly. The injured worker presented on 12/19/2014 with a chief complaint of bilateral knee pain, left greater than right. Previous conservative treatment includes bracing and TENS therapy. Upon examination, there was moderate swelling of the left knee, mild to moderate swelling of the right knee, well healed arthroscopic scars on the left knee, medial and lateral joint line tenderness on the left, medial joint line tenderness on the right, positive crepitus with passive range of motion of the bilateral knees, 10 degree extension on the left, 100 degree flexion on the left, intact sensation, and 4/5 mild weakness with motor strength. Provocative testing included a positive McMurray's sign, positive patellar compression test, and positive Jay's sign. Recommendations included an MRI of the right knee and an updated 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 left 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): 341-343.

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is no documentation of a worsening or progression of symptoms or physical examination findings with regard to the left knee to support the necessity for a repeat imaging study. There is no mention of any recent conservative treatment for the left knee. Given the above, the request is not medically appropriate at this time.