

Case Number:	CM15-0008997		
Date Assigned:	01/27/2015	Date of Injury:	11/15/2010
Decision Date:	03/24/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/15/2015

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

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 64-year-old male who reported injury on 11/15/2010. The mechanism of injury was not provided. The injured worker was noted to undergo a right shoulder surgery, lumbar laminectomy, right total knee replacement and physical therapy. There was a Request for Authorization submitted for review for the requested MRI. The injured worker underwent prior therapy for his low back. The injured worker requested and was provided a corticosteroid injection into the left knee. The documentation of 09/30/2014 revealed the injured worker had a prior MRI approximately 2 to 3 years prior to the examination and the request was made for a repeat MRI of the left knee. The subsequent documentation of 11/18/2014 revealed the injured worker had progressive pain and the diagnoses was rule out internal derangement. The examination of the left knee revealed crepitus throughout range of motion, 12+ effusion and positive McMurray's test medially. The request was made for an 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): table 13-2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is appropriate postsurgically if needed to assess cartilage repair. The clinical documentation submitted for review indicated the injured worker had a prior MRI with findings that were not supplied for review. There was a lack of documentation of a significant objective functional change to support the necessity for a repeat MRI. Given the above, the request for MRI of the left knee is not medically necessary.