

Case Number:	CM15-0101317		
Date Assigned:	06/03/2015	Date of Injury:	01/24/2015
Decision Date:	07/21/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/27/2015

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: Pennsylvania, Ohio, 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 36 year old female, who sustained an industrial injury on 1/24/2015. The mechanism of injury documented as occurring while she was working on her knees on a hard floor. The injured worker was diagnosed as having right knee pain and patellar contusion/sprain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 4/24/2015, the injured worker complains of anterior right knee pain. Physical examination showed tenderness to the right knee. The treating physician is requesting right knee magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
 Page(s): 343.

Decision rationale: ACOEM cautions against relying on knee imaging to diagnose the source of symptoms. The guideline instead recommends that knee imaging be chosen after a history and physical examination leading to a specific differential diagnosis. The records do not provide such a rationale for the MRI knee requested at this time. The request is not medically necessary.