

Case Number:	CM15-0101766		
Date Assigned:	06/04/2015	Date of Injury:	04/07/2015
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 61-year-old male, who sustained an industrial injury on 4/7/2015. The current diagnosis is left knee pain. According to the progress report dated 4/20/2015, the injured worker complains of achy left knee pain. The level of pain is not rated. The physical examination of the left knee reveals normal strength and tone, no swelling or edema, no tenderness to palpation, normal range of motion, and no crepitus and no known fractures or deformities. He currently takes no medications. Treatment to date has included AP, lateral, and oblique views of the left knee. The plan of care includes MRI of the left knee. The patient sustained the injury due to a fall from stairs. The patient has used a brace. The patient has had X-ray of the left knee on 4/8/15 that revealed mild arthritis. The medication list includes Amoxicillin and Guainfenesin. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology and Page 341: Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: Request: MRI (magnetic resonance imaging) Left Knee. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." "Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." The physical examination of the left knee reveals normal strength and tone, no swelling or edema, no tenderness to palpation, normal range of motion, and no crepitus and any known fractures or deformities. The indications for knee MRI were not specified in the records provided. A detailed knee exam including tests for internal derangement like the Mc Murrays test, anterior drawer test and tests for instability were not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Patient did not have abnormal findings in the physical examination suggestive of significant internal derangement. The history or physical examination findings do not indicate pathology including cancer, infection, or other red flags. The rationale for a left knee MRI was not specified in the records provided. He currently takes no medications. Documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for MRI (magnetic resonance imaging) Left Knee is not medically necessary in this patient.