

Case Number:	CM15-0134314		
Date Assigned:	07/22/2015	Date of Injury:	04/27/2015
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year-old female who sustained an industrial injury on 04/27/15. She reported right knee pain. The injured worker is diagnosed with having sprain and strain of the knee. Treatment to date has included nonsteroidal anti-inflammatory medication, and a knee brace. In a progress note dated, the injured worker reports her knee pain is slightly better, but there is clicking and popping in her knee; it is catching and freezing up. Physical examination of the right knee is remarkable for localized tenderness; there is full range of motion with crepitus. Requested treatments include MRI right knee without contrast. The injured worker's status is full duty. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging right knee without contrast is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are non-diagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnosis is sprain strain knee. The date of injury is April 27, 2015. The request for authorization is June 4, 2015. According to a May 11, 2015 progress note, the injured worker was released for full duty (back to work). The knee sprain was improving, but the patient requested an MRI of the knee. Subjectively it was clicking in the affected knee. Objectively, there was no bruising or swelling, crepitus was noted. There is no documentation of physical therapy to the affected knee. There is no clinical rationale for an MRI of the knee based on the recent date of injury (April 27, 2015), no physical therapy rendered to date and no red flags. Based on clinical information the medical record and peer-reviewed evidence-based guidelines, magnetic resonance imaging right knee without contrast is not medically necessary.