

Case Number:	CM15-0147758		
Date Assigned:	08/10/2015	Date of Injury:	02/18/2005
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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:

This is a 51 year old male patient who sustained an injury on February 18, 2005 date of injury. The current diagnoses include sprain and strain of the left knee; internal derangement of the left knee, status post lumbar fusion and left knee arthroscopy. Per the progress note dated July 13, 2015, he had complaints of lower back pain and left knee pain. The physical examination revealed tenderness, decreased range of motion of the lumbar spine, and left knee. The current medications list is not specified in the records provided. He has undergone left knee arthroscopy and lumbar fusion. Date and report of these surgeries were not specified in the records provided. Treatments to date have included lumbar spine fusion, medications, and home exercise. The treating physician documented a plan of care that included magnetic resonance imaging 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.

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: MRI of the 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". Failure of previous conservative therapy including physical therapy and pharmacotherapy for the left knee is not specified in the records provided. The detailed history and examination of the left knee from the date of injury (2/18/2005), until the doctor's note dated 7/13/2015, is not specified in the records provided. A detailed left knee examination with significant objective evidence of internal derangement/ligament injury is not specified in the records provided. A left knee X-ray report is also not specified in the records provided. The medical necessity of MRI of the left knee is not medically necessary for this patient.