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| Case Number: | CM15-0148092 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 05/12/2010 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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: Emergency 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 62 year old male who sustained an industrial injury on 5-12-10. He had complaints of neck, back and right knee pain. He had right knee surgery in 2010. Progress report dated 6-4-15 reports continued intermittent moderate bilateral knee pain, the right knee worse than the left. He states his right knee is getting worse and he has decreased range of motion and strength. He is currently in physical therapy. Diagnoses include: cervical and lumbar spine sprain and strain with radicular complaints and bilateral knee strain contusion status post right knee arthroscopy. Plan of care includes: request MRA study and MRI of the left knee. Work status: per agreed medical evaluation. Follow up on 7-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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): 341-343.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for left knee X-rays for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. There is no basic exam documented and no documentation of any conservative measures attempted provided. There were no basic imaging reports provided for review. MRI of left knee is not medically necessary.