

Case Number:	CM15-0169421		
Date Assigned:	09/10/2015	Date of Injury:	03/01/2014
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 40 year old male, who sustained an industrial injury on March 1, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having unspecified internal derangement, chondromalacia patella, sprain and strain of knee and leg and tear medial meniscus knee. Treatment to date has included diagnostic studies, right knee arthroscopy, physical therapy and medications. On July 31, 2015, the injured worker complained of right knee pain aggravated by bending and squatting. Physical examination revealed a well healed wound. Range of motion was 0-110. The treatment plan included physical therapy two times four, home exercise program, a repeat MRI scan of the right knee and medications. On August 4, 2015, utilization review denied a request for an MRI of the right knee.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The patient is a 40 year old male with an injury on 03/01/2014. He had a right knee medial meniscus tear. He had right knee arthroscopic surgery and post surgery physical therapy. He was also treated with medications. On 07/31/2015, he complained of right knee pain with bending and squatting. There was no documentation of a new, recent injury or red flag signs. He does not meet MTUS, ACOEM guidelines for a MRI of the right knee; it is not medically necessary.