

Case Number:	CM15-0180416		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2015
Decision Date:	12/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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, North Carolina
 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 51 year old male with an industrial injury date of 04-25-2015. Medical record review indicates he is being treated for cervical strain, rule out ligament damage in right wrist, sacroiliitis and rule out internal derangement, right knee. Subjective complaints 07-30-2015 included neck, right wrist, and low back and right knee pain. The right knee pain is rated as 4 out of 10. Work status is documented (07-30-2015) as remain off work until 09-03-2015. Prior treatments or diagnostics related to the right knee are not indicated in the medical records review. Objective findings (07-30-2015) on exam of right knee included crepitus upon active and passive end range of motion. McMurray's and Lachman's test was positive. Medial and lateral stress elicited tenderness. On 08-10-2015 the request for MRI of the right knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Indications for imaging - MRI (magnetic resonance imaging).

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

Decision rationale: CA MTUS/ACOEM Guidelines support special studies, including MRI of the knee, when certain criteria are met. In cases where conservative therapy has failed, there is demonstrated instability of the joint or a patient remains symptomatic in the presence of normal plain x-rays, an MRI may be indicated. In this case, a diagnosis of internal derangement of the knee has been given, however, prior diagnostics and treatments are not included with the request. The physical exam does not show any evidence of instability of the joint suggesting ligamentous injury. No failure of conservative treatment is noted. No normal plain x-rays are provided to support the request for an MRI. In view of the foregoing, the request for an MRI of the knee is not medically necessary or appropriate.