

Case Number:	CM15-0181063		
Date Assigned:	09/22/2015	Date of Injury:	01/13/2006
Decision Date:	11/05/2015	UR Denial Date:	08/14/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male with a date of injury on 1-13-2006. A review of the medical records indicates that the injured worker is undergoing treatment for post-traumatic osteoarthritis of both knees. According to the progress report dated 8-6-2015, the injured worker complained of bilateral knee pain. The report was hand written and difficult to decipher. Per the treating physician (8-6-2015), the injured worker was to remain off work - permanent and stationary. The physical exam (8-6-2015) revealed an antalgic gait. Treatment has included a home exercise program. The request for authorization dated 8-7-2015 was for repeat magnetic resonance imaging (MRI) of both knees. The original Utilization Review (UR) (8-14-2015) denied a request for magnetic resonance imaging (MRI) of the right and left knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Knee # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of MRI of the right knee. Additionally, there is no associated physical exam or clinical thought process elaborated to delineate the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

MRI of Left Knee #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of MRI of the left knee. Additionally, there is no associated physical exam or clinical thought process elaborated to delineate the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.