

Case Number:	CM15-0181078		
Date Assigned:	09/22/2015	Date of Injury:	11/06/2010
Decision Date:	10/27/2015	UR Denial Date:	08/15/2015
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: Arizona, 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 11-6-2010. She reported injuries to the right knee and low back from lifting activity. Diagnoses include lumbar sprain-strain, right sacroiliac strain, right hip trochanter bursa, and right knee patella subluxation. Treatments to date include activity modification, anti-inflammatory, physical therapy, chiropractic therapy, acupuncture treatments, TENS unit, and epidural steroid injections and radiofrequency ablation. MRI of the right knee was obtained on 2-3-12 revealing patella alta, grade IV chondromalacia patellae and knee joint effusion. Currently, she complained of ongoing right knee pain. On 6-22-15, the physical examination documented decreased right knee range of motion. The plan of care included medication management and radiographical imaging. A qualified Medical Examination (QME) was completed on 6-29-15, that documented a report of pain in the right knee was rated 7-8 out of 10 VAS with instability, swelling, popping and clicking. That physical examination documented joint line tenderness, patellar facet tenderness, decreased range of motion and a positive patellar grind test. The appeal requested authorization for a MRI without dye, of the lower extremity joint. The Utilization Review denied a right knee MRI on 8-15-15, indicating that the available medical records did not include a significant change or functional deficits to support that the California MTUS, ACOEM Practice Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 47.

Decision rationale: In this case, the claimant's pain, popping and clicking have been occurring for 2 years. There was no plan for surgery and the claimant had a prior MRI. There is no concern for a tear. The request for the MRI is not substantiated and not medically necessary.