

Case Number:	CM15-0181937		
Date Assigned:	09/23/2015	Date of Injury:	11/12/2014
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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 Jersey, New York
 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 48 year old male, who sustained an industrial injury on 11-12-2014, resulting in pain or injury to the back. A review of the medical records indicates that the injured worker is undergoing treatment for hip sprain-strain and knee sprain-strain. On 8-24-2015, the injured worker reported intermittent right hip pain that radiated down the lateral thigh to the right knee, and intermittent right knee pain rated as 8 out of 10 on a pain scale. The single Treating Physician's report submitted for review dated 8-24-2015, noted the injured worker's right knee with moderate tenderness elicited upon palpation of the medial and lateral joint lines. The treatment plan was noted to include chiropractic treatments, acupuncture, electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral extremities, and x-ray/MRI of the right hip and right knee. The injured worker was noted to be currently working as a driver. The request for authorization dated 8-24-2015, requested one (1) MRI and x-ray of the right knee. The Utilization Review (UR) dated 9-4-2015, non-certified the request for one (1) MRI and x-ray of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI and x-ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, Knee/Leg.

Decision rationale: The request is considered not medically necessary. This limited chart does not provide enough documentation to warrant an MRI. According to ODG, the patient should have an MRI if there was acute trauma, non-diagnostic radiographic imaging, or internal derangement seen on x-ray, which was not demonstrated in the chart. The patient's documented exam showed full range of motion and only tenderness on exam, which does not warrant an MRI. The patient did not have documented effusion, decreased flexion, inability to walk, or palpable tenderness over femoral head or patella, which demonstrates that an x-ray is not warranted according to MTUS guidelines. Therefore, the request is considered not medically necessary.