

Case Number:	CM15-0182630		
Date Assigned:	09/23/2015	Date of Injury:	09/21/2012
Decision Date:	12/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 21, 2012. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for knee MRI imaging. The claims administrator referenced an August 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing issues with chronic low back pain status post earlier lumbar spine surgery. The applicant was with continued usage of a bone growth stimulator and employed Percocet for pain relief. The applicant was placed off of work, on total temporary disability. On July 7, 2015, the applicant under an L4-L5 lumbar fusion procedure. The remainder of the file was surveyed; the August 8, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

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, without contrast, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: No, the request for MRI imaging of the knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347 does acknowledge that MRI imaging is "recommended" to determine the extent of an ACL tear preoperatively, here, however, it was not stated what was sought, it was not stated what was suspected. The August 8, 2015 office visit on which the article in question was proposed was not incorporated into the IMR packet. The historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.