

Case Number:	CM15-0188533		
Date Assigned:	09/30/2015	Date of Injury:	07/05/2014
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 5, 2014. In a utilization review report dated August 31, 2015, the claims administrator failed to approve a request for MRI imaging of the knee. The claims administrator referenced a July 21, 2015 progress note and an associated RFA form of July 23, 2015 in its determination. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of knee and thigh pain were reported. The applicant was asked to obtain EMG testing of the right lower extremity. The note comprised, in large part, of preprinted check boxes. A pain management consultation was sought. In another section of the note, the applicant was also asked to pursue right knee MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right knee: Upheld

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

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

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 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, here, however, the attending provider's handwritten July 7, 2015 office visit did not clearly state what was sought. A clear differential diagnosis was not furnished. The MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that MRI imaging should generally be employed only in applicants in whom surgery is being considered or contemplated. Here, however, it was not stated how (or if) knee MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the knee based on the outcome of the study. Therefore, the request was not medically necessary.