

Case Number:	CM15-0194667		
Date Assigned:	10/08/2015	Date of Injury:	03/28/2014
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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: California, North Carolina
 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 54 year old female, who sustained an industrial injury on 03-28-2014. She has reported subsequent wrist, hand, knee and leg pain and was diagnosed with sprain and strain of the wrist, hand, knee and leg, contusion of knee and sprain and strain of the ribs. In a 05-13-2015, progress note an x-ray of the right knee on an unknown date was noted to show spurring of patella bone superiorly with no evidence of acute fracture or dislocation. Treatment to date has included pain medication, physical therapy, a home exercise program, acupuncture and chiropractic therapy. Chiropractic care, physical therapy and acupuncture were noted to have been helping. In progress notes dated 06-24-2015, 07-14-2015 and 08-18-2015, the injured worker reported bilateral wrist, hand and knee pain that was rated as 7 out of 10 on the 08-18-2015 visit and noted as not improved since the last exam. Pain level was not quantified during the 06-24-2015 and 07-14-2015 visits. Objective examination findings on 06-24-2015, 07-14-2015 and 08-18-2015 revealed bilateral knee swelling, mild swelling of the right knee, tenderness to palpation of the lateral joint line, positive McMurray's of the lateral joint line, left knee tenderness to palpation of the patella and bilateral joint line pain with mild pain with range of motion. Work status was documented as modified. The physician noted that MRI of the right knee was being requested for "probable right MMT." A request for authorization of MRI of the right knee was submitted. As per the 09-08-2015 utilization review, the request for MRI of the right knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The request is for an MRI of the right knee following an industrial injury on 3/28/2014. The patient complains of bilateral knee pain with mild swelling. There is no complaint of locking of the joints. There is no discussion of x-ray findings. There is no documentation of failure of conservative measures (PT, home exercise or medications). It is not clear if the patient has had a trial of NSAIDs, since the symptoms are consistent with osteoarthritis. There is no evidence of internal derangement and the patient is not a surgical candidate. In summary, the diagnostic evaluation and objective findings are minimal and do not support the request for an MRI. Therefore, the request is not medically necessary or appropriate.