

Case Number:	CM15-0200806		
Date Assigned:	10/15/2015	Date of Injury:	09/04/1998
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This 62 year old woman sustained an industrial injury on 9-4-1998. Diagnoses include shoulder strain. Treatment has included oral medications, acupuncture, and left shoulder injection therapy. Physician notes on a PR-2 dated 8-27-2015 show complaints of left shoulder pain. The physical examination shows tenderness to palpation of the left shoulder with muscle spasms. No other body parts are included in the physical examination. Recommendations include acupuncture, right knee MRI, and follow up in four weeks. Utilization Review denied a request for right knee MRI on 9-15-2015.

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 with contrast: Upheld

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

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 majority of the chart was focused on the patient's shoulder injury. There was no documentation demonstrating any injury beyond knee strain. Therefore, the request is considered not medically necessary.