

Case Number:	CM15-0206080		
Date Assigned:	10/22/2015	Date of Injury:	12/21/2000
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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
Certification(s)/Specialty: Emergency 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 injured worker is a 79 year old male, who sustained an industrial injury on 12-21-2000. A review of the medical records indicates that the injured worker is undergoing treatment for left knee contusion, left knee pain, and left knee swelling. On 9-4-2015, the injured worker reported right elbow pain with a rating of 6 out of 10. The Primary Treating Physician's report dated 9-4-2015, noted the injured worker was not taking pain medication, reporting the corticosteroid injection received on his previous visit helped the pain for approximately two days. The injured worker was being seen for left knee pain. The physical examination was noted to show the injured worker with a significant limp favoring the knee with trace swelling and obvious varus deformity. Moderate tenderness along the medial joint line was noted with the patellofemoral joint intact. The injured worker was noted to have positive Apley's and patellar grind tests. The treatment plan was noted to include a MRI study. The injured worker's work status was noted to be permanent and stationary for the shoulder and elbow. The request for authorization was noted to have requested a MRI of the left knee 1.5 Tesla or greater without contrast. The Utilization Review (UR) dated 10-7-2015, non-certified the request for a MRI of the left knee 1.5 Tesla or greater without contrast

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee 1.5 Tesla or greater without contrast: Upheld

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

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

Decision rationale: The requested left knee MRI is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has left knee pain. The physical examination was noted to show the injured worker with a significant limp favoring the knee with trace swelling and obvious varus deformity. Moderate tenderness along the medial joint line was noted with the patellofemoral joint intact. The injured worker was noted to have positive Apley's and patellar grind tests. The treating physician has not documented evidence of internal derangement nor acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the left knee 1.5 tersia or greater without contrast is not medically necessary.