

Case Number:	CM15-0209529		
Date Assigned:	10/28/2015	Date of Injury:	09/30/1997
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/23/2015

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 61 year old male, who sustained an industrial injury on 9-30-97. The injured worker was diagnosed as having sprain and strain of the knee. Treatment to date has included use of a cane, physical therapy, acupuncture, and medication including Soma and Norco. Physical examination findings on 8-6-15 included left knee tenderness in the posteromedial and anteromedial joint line and posterolateral aspect of the left knee. McMurray's sign was positive. On 8-6-15, the injured worker complained of left knee pain rated as 8 of 10. The treating physician requested authorization for a MRI of the left knee. On 10-21-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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

Decision rationale: In this case, the claimant is diagnosed with a left knee sprain/strain due to an industrial injury 18 years ago. A current physical examination revealed only joint line tenderness of the left knee with no mention of any signs of instability, such as positive drawer signs or collateral ligament dysfunction. The joint was not noted to have an effusion. No red flags were appreciated to warrant an MRI. In addition, duration of the claimant's current symptoms, past treatments and treatment response were not provided with the request. Therefore, due to insufficient information and lack of indication for an MRI, the request is not medically necessary or appropriate.