

Case Number:	CM15-0020542		
Date Assigned:	02/10/2015	Date of Injury:	01/19/2015
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: North Carolina, Georgia
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 55 year old male who sustained a work related injury January 19, 2015. Past medical history included asthma and liver disease. According to the doctor's first report of occupational injury or illness dated January 20, 2015, he presented with a cumulative injury of his bilateral knees after sixteen years of work; kneeling, shoveling, operating a jackhammer and lifting chunks of concrete. An x-ray dated 12/22/2014 of the right knee revealed mild degenerative changes of the medial compartment (report not present in the medical record). An x-ray of the left knee dated 01/20/2014 was negative (report not present in the medical record). Treatment plan included Meloxicam, Norco, continue right hinged knee brace and referral for an MRI of the right knee. According to utilization review dated January 28, 2015, the request for MRI of the Right Knee is non-certified, citing MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral for an MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: ACOEM chapter on knee complaints describes that MRI is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical indication. The submitted medical records do not describe a concern for ACL tear and do not indicate any plan for surgical intervention. As such, right knee MRI is not medically indicated.