

Case Number:	CM15-0023534		
Date Assigned:	02/13/2015	Date of Injury:	11/07/2014
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 11/07/2014. The documentation of 12/30/2014 revealed the injured worker had right knee pain. The mechanism of injury was a fall at work. The associated symptoms included crepitus, decreased mobility, joint tenderness, and swelling. The pain was relieved by over the counter medicines and ice. The injured worker was treated with compression and NSAIDs. The injured worker had some improvement; however, the injured worker was still hurting and swollen. The injured worker's medications included lisinopril, hydrochlorothiazide 10/12.5 mg tablets, metformin hydrochloride 500 mg, and Wellbutrin 100 mg. The physical examination revealed the injured worker had mild right knee effusion and swelling. The maximum tenderness was noted to be in the right popliteal. The injured worker had crepitation upon examination that was mild on the right and mild on the left. The injured worker had a negative Lachman's, McMurray's, and valgus stress test bilaterally. The injured worker had normal lower extremity strength bilaterally. The diagnosis included contusion of knee, effusion of knee, and right knee pain. The treatment plan included MRI of the lower extremity without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial MRI without contrast, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had undergone compression and NSAID therapy. There was a lack of documentation of a failure of conservative care, including exercises. There was a lack of documentation of objective findings upon examination to support the need for an MRI. Given the above, the request for initial MRI without contrast, right knee, is not medically necessary.