

Case Number:	CM15-0024344		
Date Assigned:	02/13/2015	Date of Injury:	12/09/2008
Decision Date:	04/15/2015	UR Denial Date:	01/14/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female sustained an industrial injury on 12/9/08, with subsequent ongoing bilateral knee pain. X-rays of the left knee (9/2014) revealed 2 millimeters of articular surface left. Magnetic resonance imaging left knee (2008) showed chondromalacia of the patella. Treatment included home exercise, rest, transcutaneous electrical nerve stimulator unit, knee brace, cortisone injections, pool exercise, hot and cold wrap and medications. In a PR-2 dated 12/17/14, physical exam was remarkable for knees with tenderness to palpation along the patella and medial joint line, noted especially on the left, with positive patellar tilt test and restricted range of motion. No instability or effusion was noted. Current diagnosis included internal derangement of the knee bilaterally. The treatment plan included a transcutaneous electrical nerve stimulator unit, left knee brace, magnetic resonance imaging bilateral knees, and right knee injection. On 1/14/15, Utilization Review non-certified a request for MRI without contrast to bilateral knees citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast to bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee and Leg Procedure Last updated 10/27/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343.

Decision rationale: Per the aforementioned citation, MRI of the knee is indicated if surgical planning is contemplated, and if there is progressive, "severe activity limitation". [REDACTED] 12/17/14 note documents this for both knees. Both knees are refractory to injection management, and surgery is being contemplated. The UR physician's denial rationale was based upon the premise that insufficient physical exam findings were documented, however I respectfully disagree.