

Case Number:	CM15-0032993		
Date Assigned:	02/26/2015	Date of Injury:	03/05/2013
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California

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 30 year old male who sustained an industrial injury on 03/05/2013. Diagnoses include intervertebral lumbar disc with myelopathy in the lumbar regions, displacement of lumbar intervertebral disc without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, and spinal stenosis lumbar region without neurogenic claudication. Treatment to date has included medications, chiropractic sessions, and epidural steroid injections. A physician progress note dated 01/22/2015 documents the injured worker complains of back pain, right knee pain and right leg pain. His pain is in the low back, right sciatica and right knee. The pain is moderate and escalating activities daily living aggravates the underlying symptoms and reduction activities improve the symptoms. Treatment requested is for Magnetic resonance imaging (MRI) of the right knee. On 02/04/2015 Utilization Review non-certified the request for a Magnetic resonance imaging (MRI) of the right knee and cited was Official Disability Guidelines, ACOEM Guidelines, and California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the claimant had normal range of motion of the knee, and the physical exam was normal. There were only subjective complaints and no plan for surgery. The MRI of the knee is not indicated and not medically necessary.