

Case Number:	CM15-0034707		
Date Assigned:	03/03/2015	Date of Injury:	07/28/2014
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 26 year old male who sustained an industrial related injury on 7/28/14 due to a trip and fall accident. The injured worker had complaints of right knee and left lower extremity pain. Diagnoses included left ankle sprain and right knee sprain. Treatment included a bursae injection with Kenalog and Lidocaine and a home exercise program. The treating physician requested authorization for a MRI of the right knee. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines. The UR physician noted clarification is needed regarding whether the previously recommended x-rays had been obtained and the corresponding findings. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 342-343.

Decision rationale: Guidelines recommend MRI of knee to identify knee pathology such as meniscus tear, ligament strain, ligament tear, patello-femoral syndrome, tendonitis, and prepatellar bursitis. In this case the medical documentation did not describe specific signs and findings consistent with internal knee derangement that would warrant MRI imaging. Thus, MRI knee is not medically necessary and appropriate.