

Case Number:	CM15-0036292		
Date Assigned:	03/04/2015	Date of Injury:	03/08/2006
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, Florida

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:

The injured worker is a 54 year old female who sustained an industrial injury on 03/08/06. She reports increasing left knee pain. Diagnoses include lower back pain, disc herniation lumbar spine, radiculopathy, internal derangement left knee, and left knee bursitis. Treatments to date include medications and physical therapy. In a progress note dated 01/07/15 the treating provider recommends a MRI of the left knee. On 2/4/2015, it was noted that the last MRI was negative. The physical examination was positive for mild tenderness to palpation of medial left knee. There was no instability, decrease in range of motion, effusion or positive provocative tests noted. The IW reported significant pain relief following the last steroid injection to the left knee and PT. The medications listed are Voltaren gel and Daypro. On 01/28/15 Utilization Review non-certified the MRI, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee & Leg/ MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee and Leg.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized in the investigation of joint pain when the standard X-Ray radiology test is inconclusive in the presence of deteriorating symptoms or red flag conditions. The records indicate that the patient reported significant beneficial effects following steroid injections and PT. The documented subjective and objective findings are not consistent with deterioration of knee condition or red flag condition. There was no documentation of functional limitation of the left knee. The criteria for MRI of the left knee was not met.