

Case Number:	CM15-0036920		
Date Assigned:	03/05/2015	Date of Injury:	01/17/2013
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
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: California

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 21 year old male, who sustained an industrial injury on January 17, 2013. He has reported a right knee injury following a fall from a ladder. The diagnoses have included right knee strain. Treatment to date has included imaging, and medications. Currently, the IW complains of right knee pain that worsened with kneeling or squatting, and pain occurrence 1-3 times weekly depending on activities. Physical findings revealed tenderness in the peripatellar tendon region. Range of motion is noted to be 0-130 degrees. On March 27, 2013, he had a magnetic resonance imaging of the right knee which showed mild proximal patellar tendinosis, no meniscal, ligamentous, or tendinous tear, and no occult fracture. On January 27, 2015, Utilization Review non-certified one magnetic resonance imaging of the right knee. The MTUS and ACOEM guidelines were cited. On February 26, 2015, the injured worker submitted an application for IMR for review of one magnetic resonance imaging of the right knee.

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 Page(s): 341-343.

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

Decision rationale: Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries, limited ADLs, or progressive change to support for repeating the imaging study. Clinical findings noted tenderness; otherwise, is without instability or acute change. The MRI of the fight knee is not medically necessary and appropriate.