

Case Number:	CM15-0039281		
Date Assigned:	03/09/2015	Date of Injury:	10/21/2014
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 27 year old male injured worker suffered an industrial injury on 10/21/2014. The diagnoses were fracture of the right ankle, contusion of the right hip, right knee and interscapular contusion. The diagnostic studies were x-rays of right ankle, right leg, right and left foot, x-rays of the thoracolumbar spine and right knee. The treatments were medications, walking boot, splint and physical therapy. The treating provider reported numbness in the right heel with mild pain. The injured worker reported back pain that shoots down the tailbone with point tenderness in the mid back and positive straight leg raise bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right knee: Overturned

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 -Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines knee complaints Page(s): 341.

Decision rationale: MTUS guidelines state, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." An MRI was requested to evaluate possible quadriceps muscle injury. This patient has had persistent knee pain since 10/2014. An x-ray was previously performed that did not show an etiology for the patient's symptoms. He has previously been treated with conservative measures, and yet the knee pain still persists. Further evaluation with more advanced imaging technology is warranted, and considered medically necessary.