

Case Number:	CM15-0046448		
Date Assigned:	03/18/2015	Date of Injury:	06/18/2013
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/11/2015

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 55-year-old male, who sustained an industrial injury on June 18, 2013. He reported left shoulder, neck, bilateral knees, low back, left ankle and head trauma. The injured worker was diagnosed as having knee sprain, status post head trauma, rule out bilateral carpal tunnel syndrome, cervical sprain/strain, left shoulder, bilateral knee and left ankle sprain/strain and lumbosacral sprain. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, physical therapy, medications and work restrictions. Currently, the injured worker complains of dizziness, nausea, headache, waking pain at night, pain in the left shoulder blade area with associated numbness of the upper extremities, bilateral knee pain, neck pain, low back pain and numbness in the inside of the left knee and ankle. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He reported falling 30 feet landing on concrete. He has been treated conservatively without resolution of the pain. He was also treated with steroid injections with temporary benefit. Evaluation on January 14, 2015, revealed continued pain. He reported the right knee giving way and continuing to have pain. A magnetic resonance image of the right knee was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee&; leg, MRI's (magnetic resonance imaging).

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 an anterior injury with knee giving way but there were no exam findings including an anterior drawer test that would indicate an ACL tear. The injury was no acute and there were no abnormal knee findings on exam. As a result, the request for an MRI of the knee was not substantiated and not medically necessary.