

Case Number:	CM15-0048125		
Date Assigned:	03/20/2015	Date of Injury:	07/18/2007
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
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 45 year old female, who sustained a work related injury on 7/18/07. The diagnoses have included osteoarthritis and knee pain. Treatments to date have included Synovisc injections right knee, x-rays right knee on 8/7/13 and medications. In the PR-2 dated 2/23/15, the injured worker complains of continued laxity with associated feeling of knee popping backwards in right knee. She states better pain management of right knee after last Synovisc injection on 1/27/15. She rates the pain a 6/10. She has been losing weight, 30 pounds so far, in effort to ease knee pain. She has better range of motion in right knee and it is less tender. She has positive laxity posteriorly in right knee. Her orthopedic surgeon will not operate on her right knee due to her weight. The treatment plan is a request for a MRI right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI.

Decision rationale: The attached medical record indicates that the injured employee has had a previous MRI of the right knee performed on August 22, 2013. There is not stated to be any significant changes in the injured employee symptoms or physical examination findings since the study was performed. The surgeon states weight restrictions preclude surgery at this time, and injection management is ongoing. Without any justification to obtain an MRI the right knee, this request is not medically necessary.