

Case Number:	CM15-0053661		
Date Assigned:	03/30/2015	Date of Injury:	09/17/2004
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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 46 year old female who sustained an industrial injury on February 20, 2015. She has reported low back pain and leg pain and has been diagnosed with chronic pain syndrome, failed back surgery syndrome, lumbar myofascial pain, and lumbar degenerative disease. Treatment has included surgery and medications. Currently the injured worker had lumbar facet loading that was positive. There was tender myofascial trigger points noted in the lumbar paraspinal muscles. The treatment request included an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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): 346.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended per-operatively for determining

the extent of an ACL tear. In this case, there are no abnormalities noted in the knee to justify a knee MRI. There are no recent knee injuries or subjective complaints. The request for a knee MRI is not medically necessary.