

Case Number:	CM15-0055152		
Date Assigned:	03/30/2015	Date of Injury:	12/30/2013
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old woman sustained an industrial injury on 12/30/2013 after tripping over a box carrier and landing on her right knee on a cement floor. The worker received immediate medical care, oral medications, and was fitted in a knee brace. Evaluations include right knee CT scan dated 1/30/2015, MRI of the right knee dated 1/12/2014, and right knee x-rays dated 1/3/2014. Diagnoses include traumatic avulsion fracture of the medial tibial spine and chondromalacia of the patellofemoral joint of the right knee. An Agreed Medical Evaluation dated 2/5/2015 shows the need for symptomatic treatment with over the counter or prescribed oral analgesics, muscle relaxants and anti-inflammatory medications; no indications for physical therapy, chiropractic manipulations, or acupuncture, no additional tests are recommended, and no indication for surgical procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (magnetic resonance angiography) of Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: According to MTUS guidelines, imaging studies have a low ability to identify pathology for regional pain. However, it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient has had X-rays and MRI of the right knee within the past 113-14 months, which showed positive findings. There have been no significant changes to the patient's condition. Therefore, the request for MRA of right knee is not Medically Necessary.