

Case Number:	CM15-0062645		
Date Assigned:	04/08/2015	Date of Injury:	04/06/2013
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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: North Carolina, Georgia
 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 57-year-old female, who sustained an industrial injury on 04/06/2013. She reported injury to the bilateral knees. Treatment to date has included physical therapy and cortisone injection for the right knee, MRI, right knee surgery, Kenalog and Orthovisc injection to the right knee, x-ray of the left knee and medications. Currently, the injured worker complains of pain in both knees and some locking up of her left knee that had been better for the past two weeks. She reported spasms in her low and upper back. The provider noted that a MRI of the left knee was recommended during the Agreed Medical Evaluation. Current medications include Norco, Tramadol/Apap and Motrin-Ibuprofen. Diagnoses include pain in joint lower leg bilateral knees and contusion knee bilateral. The provider requested authorization for an MRI of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: ACOEM chapter on knee complaints describes that MRI is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical indication. The submitted medical records do not describe a concern for ACL tear and do not indicate any plan for surgical intervention. An MRI from 2013 is included and the records do not clearly indicate why an updated MRI would be needed. As such, left knee MRI is not medically necessary.