

Case Number:	CM15-0082145		
Date Assigned:	05/04/2015	Date of Injury:	08/01/2005
Decision Date:	07/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 63-year-old female, who sustained an industrial injury on 08/01/2005. She has reported subsequent low back, left hip and knee and buttock pain and was diagnosed with lumbosacral sprain/strain, pain in joint of the lower leg, chronic pain due to trauma and other/unspecified derangement of the medial meniscus. Treatment to date has included medication, application of heat and ice, bracing and a TENS unit. In a progress note dated 03/18/2015, the injured worker complained of low back, left hip and knee pain. Objective findings were notable for moderate restriction of the patella of the left knee of the medial and lateral excursion, positive compression test radiating down to the patellar ligament, moderate anteromedial joint line tenderness and 1+ medial collateral ligament laxity. The physician noted that the injured worker's left knee symptoms persisted and were causing increasing problems and that an MRI of the left knee was recommended to determine the direction of treatment. A request for authorization of MRI of the left knee was submitted.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-MRI (magnetic resonance imaging).

Decision rationale: MRI of the left knee is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG recommends a knee MRI if initial knee radiographs are normal and internal derangement is suspected. The documentation does not reveal objective initial radiographs of the left knee or red flag issues therefore this request is not medically necessary.