

Case Number:	CM15-0086325		
Date Assigned:	05/08/2015	Date of Injury:	12/13/2007
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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

Certification(s)/Specialty: Emergency 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 43-year-old, female who sustained a work related injury on 12/13/07. The diagnoses have included chronic pain syndrome, patellofemoral syndrome and osteoarthritis. The treatments have included oral medications, LidoPro cream, rest, ice therapy and physical therapy. In the PR-2 dated 4/14/15, the injured worker complains of constant left knee pain that is made worse with activity. He rates his pain level at 6/10. Patient claimed that prior MRI showed a healing knee fracture. Physical exam specially states that there is no evidence of fracture to the knee. X-ray performed on 4/15/15 was normal. There is reportedly a prior MRI of the knee but report and date was not provided for review. Provider requested MRIs from prior provider but has not received the MRI so requested another one. The treatment plan includes a request for 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 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): 341-343.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for knee MRI for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. Exam was benign. There is no documentation of the patient attempted to get the MRI with the claimed "healing fracture". Not being to access prior MRI is not an indication for a repeat MRI. MRI of left knee is not medically necessary.