

Case Number:	CM15-0089748		
Date Assigned:	05/14/2015	Date of Injury:	07/15/2012
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 36-year-old female, who sustained an industrial injury on 7/15/12. The injured worker has complaints of patellofemoral pain in her right knee and low back pain radiating down her anterior thighs, right greater than left. The diagnoses have included intraarticular ganglion both knees; chondromalacia patellofemoral joint both knees; intraarticular adhesions right knee, patellofemoral joint and lateral subluxation patella both knees. Treatment to date has included a debrided of a small cystic structure from the anteromedial compartment of her right knee and performed a limited lateral release, arthroscopically; chiropractic treatments; physical therapy and medications. The request was for 3-tesla magnetic resonance imaging (MRI) of the right knee (for surgical planning.)

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Tesla magnetic resonance imaging (MRI) of the right knee (for surgical planning):
 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): 335-339.

Decision rationale: The request in this injured worker with chronic knee pain is for a MRI of the knee. The records document a physical exam with full range of motion of both knees but no red flags and indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags, a MRI is not medically necessary. The medical necessity of 3 Tesla magnetic resonance imaging (MRI) of the right knee (for surgical planning) is not substantiated in the records.