

Case Number:	CM13-0067371		
Date Assigned:	01/15/2014	Date of Injury:	11/01/2011
Decision Date:	05/19/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/11/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old male who reported an injury on 11/10/2011. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, left ankle internal derangement, anxiety, gastropathy, and right knee internal derangement. The injured worker was evaluated on 03/14/2013. The injured worker reported ongoing left ankle and knee pain. Physical examination of the right knee revealed tenderness to palpation with positive McMurray's testing and minimal effusion. Treatment recommendations included authorization for an MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Knee & Leg, indications for imaging – MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and

observation. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive McMurray's testing. There is no documentation of a significant functional limitation. There is also no mention of an attempt at conservative treatment with regard to the right knee prior to the request for an imaging study. There are no plain films submitted prior to the request for an MRI. Based on the clinical information received, the request for MRI of right knee is not medically necessary.