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| Case Number: | CM14-0116035 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 04/29/2011 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 Internal Medicine 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 63-year-old male who reported an injury on 04/29/2011. The mechanism of injury was not provided. On 01/17/2014, the injured worker presented with left hip and right knee pain. Treatment included physical therapy of the left ankle and lumbar spine, the use of a cane, home exercise program for the left foot and ankle, and an ultrasound of the right knee to rule out meniscal tear. Examination of the right knee, noted on 01/15/2014, revealed restricted range of motion and swelling at the peripatellar area, and positive crepitus. The provider recommended a right knee MRI; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI Right Knee is not medically necessary. The California MTUS/ACOEM Guidelines state that most knee problems improve quickly once any red flag issues are ruled out. For most injured workers 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 because of the possibility of identifying a problem that was present before the symptom began. Official studies are not needed unless a period of conservative care and observation fails. There is lack of documentation of previous courses of conservative care, and the efficacy of those treatments. Additionally, there is lack of deficits upon physical examination to warrant the need for an MRI. The provider's rationale was not provided. As such, medical necessity has not been established.