

Case Number:	CM14-0118621		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2013
Decision Date:	10/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year-old female was reportedly injured on November 12, 2013. The mechanism of injury is noted as a trip and fall type event. The most recent progress note, dated July 11, indicates that there are ongoing complaints of right knee pain injured on May 5, 2014 on the left leg "gave way." The physical examination demonstrated a full range of motion of the right knee, motor function was described as 3+, and equal bilaterally. Diagnostic imaging studies objectified were not presented for review. Previous treatment includes plain films of the cervical and lumbar spine and multiple enhanced imaging studies, chiropractic care, multiple medications and pain management interventions with a cardiac clearance and a neurologic assessment. A request had been made for magnetic resonance imaging (MRI) the knee and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Left Knee without Contrast Material: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Knee Disorders: Diagnostic Investigations
(Electronically Cited)

Decision rationale: As outlined in the ACOEM guidelines, an MRI is recommended for select patients with subacute or chronic knee symptoms with mechanically defective internal derangement. The physical examination notes a 3+ motor function, a solid decreased range of motion, and a specific evidence of any intra-articular pathology. Therefore, the limited clinical information presented for review tempered by the parameters outlined in the ACOEM the medical necessity of such an intervention has not been established. The request for a Magnetic Resonance Imaging (MRI) of the Left Knee without Contrast Material is not medically necessary.