

Case Number:	CM14-0120509		
Date Assigned:	09/22/2014	Date of Injury:	08/06/1997
Decision Date:	10/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 & 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 patient is a 69 year old female who was injured on 04/23/1991. The mechanism of injury is unknown. Prior treatment history has included atenolol, doxepin, Fortical, lisinopril, simvastatin, and tramadol. Encounter note dated 06/12/2014 states the patient complained of multiple areas of pain with associated dryness and numbness in the left foot. On exam, the patient had left knee swelling and positive for 11 trigger points. She had bilateral shoulder tenderness. She has a diagnosis of degenerative joint disease, degenerative disk disease, rheumatoid arthritis and fibromyalgia. She was recommended for MRI of the left knee. Prior utilization review dated 07/11/2014 by [REDACTED] states the request for Left knee MRI without contrast is not certified as it not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, MRI (Magnetic Resonance Imaging)

Decision rationale: Guidelines state that knee MRI is recommended for soft tissue injuries (meniscal, chondral surface injuries and ligamentous disruption). In patients with non-acute pain, MRI should be performed to exclude the need for arthroscopy. In most cases, diagnosing osteoarthritis with an MRI is unnecessary and costly. The medical records do not indicate these injuries or that arthroscopy is being considered yet. The medical necessity of this request is not established.