

Case Number:	CM14-0124748		
Date Assigned:	08/08/2014	Date of Injury:	06/03/2000
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Interventional Spine 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 63 year old male with date of injury 6/3/00. The treating physician report dated 6/26/14 indicates that the patient presents with chronic pain affecting the lower back, left knee and left ankle. The physical examination findings reveal muscle atrophy of the Quadriceps, Compartments are soft, point tenderness upon palpation about the medial and lateral joint line, McMurray's test is positive and Apley's test is positive. The current diagnoses are: 1.Disc bulge lumbar spine with spondylolisthesis2.Meniscal tear of the left knee3.Lateral ligament tear of the left ankleThe utilization review report dated 7/15/14 denied the request for MRI of the left knee based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES KNEE & LEG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Knee Chapter

Decision rationale: The patient presents with chronic left knee pain with unknown mechanism of injury. The current request is for MRI of the left knee. The treating physician notes in the 6/26/14 report that an MRI of the left knee is needed as the patient remains symptomatic. There is no documentation of the frequency or intensity of the left knee pain, there are minimal objective findings on examination and there is no history of the mechanism of injury or why the patient at this point requires an MRI. In reviewing the medical records provided there is no mention of any previous x-rays or MRI findings. The MTUS guidelines do not address knee MRIs. The ODG guidelines support MRI of the knee for non-traumatic knee pain once x-rays have been taken and additional studies are indicated if internal derangement is suspected. In this case the treating physician does not provide any documentation whether this request is for an acute trauma or non-traumatic knee pain and there is no documentation of an x-ray being taken. Recommendation is for denial.