

Case Number:	CM14-0129923		
Date Assigned:	08/20/2014	Date of Injury:	12/15/2003
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Geriatrics and is licensed to practice in New York. 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 39 year old man with a date of injury of 12/15/03. He was seen by his physician on 7/23/14 with complaints of bilateral knee pain. He had arthroscopic knee procedures in 2005 and 2006. He is status post MRIs in the past. His physical exam showed that he walked with a limp to both sides and had pain with kneeling and squatting. He had medical and lateral joint line tenderness in both knees and diffuse tenderness to palpation with left knee tenderness of the patellar tendon. He had no crepitus and minimal effusion. Range of motion was 180 degrees flexion and 140 degrees extension bilaterally. X-rays showed bilatearl early patellofemoral degenerative changes and early medial joint space narrowing and lateral joint space spurring. MRIs of both knees were requested (due to lack of medical records) and are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg (Acute &Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic knee pain is for a MRI of both knees. The records document a physical exam with diffuse tenderness to palpation but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears and he has had them in the past per the note but records were unavailable. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a repeat MRI of both knees is not medically substantiated.