

Case Number:	CM14-0146778		
Date Assigned:	09/12/2014	Date of Injury:	03/14/2013
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Illinois. 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 60-year-old female who reported an injury on 03/14/2013. The mechanism of injury was not provided. The diagnoses included bilateral knee pain, likely bilateral knee arthropathy. Past treatments included medications. Pertinent diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note dated 08/14/2014, indicated the injured worker complained of pain rated 5/10. The physical exam revealed well healed arthroscopic scars to the right shoulder. Current medications included hydrocodone 10/325 mg. The treatment plan included MRI for the lower extremities without dye. The rationale for the treatment was to assess for arthropathy/meniscal tear/ligament tear. The Request for Authorization form was completed on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for lower extremities without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 444-1021, 483-485.

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, MRI's (magnetic resonance imaging)

Decision rationale: The request for MRI for the lower extremities without dye is not medically necessary. The California MTUS/ACOEM Guidelines indicate that special diagnostic studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines go on to state that MRI of the knee is recommended when initial x-rays are nondiagnostic or demonstrate findings of internal derangement. There is a lack of clinical documentation to indicate the injured worker complained of specific knee pain. The physician noted the rationale for the MRI was to assess for arthropathy, meniscal tear or ligament tear. However, there is a lack of physical exam findings involving the knees. Additionally, there is a lack of documentation that previous conservative care directed toward the knees was completed, or that the injured worker had previous x-rays of the knees. Therefore, the treatment plan cannot be supported at this time, and the request for MRI for the lower extremities without dye is not medically necessary.