

Case Number:	CM14-0153853		
Date Assigned:	09/23/2014	Date of Injury:	11/02/2010
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/20/2014

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 Occupational Medicine 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:

There were 48 pages provided for review. The request for independent medical review was signed on September 20, 2014. It was for a right knee MRI without contrast. Per the records provided, the patient had lower back pain as of August 22, 2014. There was normal gait and station. The diagnosis was knee derangement. There were some illegible notes. The diagnoses was not provided. The mechanism of injury was not provided. The current medicines were not documented. Surgeries were not documented. There were no diagnostic imaging studies. He has a cane. The patient has had therapy. The patient had right knee pain status post injury on November 2, 2010. The mechanism of injury, current medicine and prior surgeries and diagnostic imaging have not been provided. He has been treated with therapy also the quantity and results are not known.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the right knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg. MRI's (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI

Decision rationale: The MTUS does not address advanced imaging for chronic vs acute knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. The non-diagnostic recent plain film x-rays are not noted. The request was appropriately non-certified under evidence-based criteria.