

Case Number:	CM14-0182696		
Date Assigned:	11/07/2014	Date of Injury:	10/08/2010
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery 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:

56 year old female claimant with an industrial injury dated 10/08/10. Exam note 10/08/14 states the patient had X-rays done that reveal weight-bearing showing of collapse of the medial joint compartment with significant medial compartment osteoarthritis. Upon physical exam the patient had tenderness along the medial joint line, and some patellofemoral tenderness. There was also no ligamentous laxity with a small effusion present. Diagnosis is noted as arthritis. Treatment includes viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, pages 341-345 regarding knee MRI, special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted for review does not demonstrate that a period of conservative care has been performed to meet CA MTUS/ACOEM

guideline criteria for the requested imaging. In addition, the patient has known osteoarthritis and does not require MRI if intention is viscosupplementation. Therefore, the request for knee MRI is not medically necessary and appropriate.