

Case Number:	CM14-0185557		
Date Assigned:	11/13/2014	Date of Injury:	12/06/2003
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 Pain 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:

This is a patient with a date of injury of 12/6/03. A utilization review determination dated 10/9/14 recommends non-certification of repeat right knee MRI. 9/9/14 medical report identifies low back pain with right lower extremity pain and numbness as well as bilateral knee pain, worse on the right. On exam, there is an antalgic gait and he uses a cane. There is lumbar tenderness, spasm, limited range of motion (ROM), decreased sensation right L4-S1 dermatomes, and knee tenderness over the parapatellar regions, worse on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right knee MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Regarding the request for repeat right knee magnetic resonance imaging (MRI), California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not

generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is only knee pain and tenderness noted, with no locking, catching, or findings suggestive of ligamentous injury. Furthermore, the findings from any prior knee MRI are not documented and there is no clear rationale presented for a repeat study in the absence of findings suggestive of new or progressive pathology. In light of the above issues, the currently requested repeat right knee MRI is not medically necessary.