

Case Number:	CM14-0093809		
Date Assigned:	07/25/2014	Date of Injury:	06/25/2013
Decision Date:	10/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 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:

A 30-year-old claimant with reported industrial injury of June 25, 2013 exam note from May 9, 2014 demonstrates patient is benefit from acupuncture treatments. There is a report of continued pain despite conservative treatment. Examination demonstrates an antalgic gait and stiffness. Tenderness is noted along the medial joint and lateral joint lines of bilateral knees. Patellar grind test is noted in bilateral knees. There is tenderness in the right ankle medial joint line and lateral joint line. Diagnosis is made of bilateral knee strain, right ankle sprain and strain, lumbar sprain strain and strain with bilateral lower extremity radiculopathy. Request is made for medical necessity of MRI of bilateral knees. No radiographs are submitted of bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-Knee & Leg

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, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints

until conservative care has been exhausted. In addition, MRI is indicated when there is non-traumatic knee pain with initial anteroposterior and lateral radiographs, which are non-diagnostic if internal derangement is suspected. The clinical information submitted for review does not demonstrate initial plain radiographs have been performed to meet CA MTUS/ACOEM guideline criteria for the requested imaging. The request for bilateral knee MRI is therefore not medically.