

Case Number:	CM14-0099960		
Date Assigned:	09/12/2014	Date of Injury:	11/04/2003
Decision Date:	10/21/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on 11/4/2003. The mechanism of injury was noted as performing normal work-related duties delivering packages. The most recent progress note, dated 4/16/2014, indicated that there were ongoing complaints of low back and bilateral knee pains. The physical examination demonstrated the left knee had range of motion 0-130 and mild lateral joint line tenderness. No ligamentous laxity was noted on physical examination. Positive patellar compression test was with crepitus. Patellar tilt was 20. Positive McMurray's test with localized pain to the lateral joint line. Muscle strength was 5/5. Reflexes were 2+. Diagnostic imaging studies included x-rays of bilateral knees dated 4/28/2014 that revealed mild tri-compartmental degenerative arthrosis. Previous treatment included physical therapy, medications, and conservative treatment. A request had been made for MRI of the left knee and was denied in the pre-authorization process on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: ACOEM guidelines indicate that a MRI is recommended for selected patients with sub-acute or chronic knee symptoms and in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. It is generally not indicated for patients with acute knee pain. After review of the medical records provided, there was no identifiable mechanical symptoms on history or physical examination. Therefore, this request is deemed not medically necessary.