

Case Number:	CM14-0198525		
Date Assigned:	12/08/2014	Date of Injury:	05/09/2013
Decision Date:	06/01/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 47-year-old male who reported an injury on 05/09/2013. The mechanism of injury was not provided. On 10/01/2014, the injured worker presented with pain to the upper back, mid back, and lower back with left leg and bilateral knees pain. Prior therapy included physical therapy and injections. Upon examination, there was a negative straight leg raise with a positive facet loading with decreased sensation to light touch to the right foot and weakness in the right knee with extension. There was tenderness to palpation over the lumbar paraspinal muscles. There was tenderness to palpation over the bilateral knees with crepitation noted bilaterally. There was a positive anterior drawer test bilaterally and a positive laxity of the left knee with a positive valgus stress test. The diagnoses were left knee laxity and pain. The provider recommended an MRI of the left knee; there was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The request for MRI of the left knee is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. The documentation submitted for review lacked evidence of functional deficits on physical exam. Additionally, there is no information on if the injured worker had tried and failed an adequate course of conservative care related to the left knee. As such, medical necessity has not been established.