

Case Number:	CM14-0213004		
Date Assigned:	12/30/2014	Date of Injury:	05/10/2014
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 47 year-old patient sustained an injury on 5/10/14. Request(s) under consideration include MRI (magnetic resonance imaging) of the left knee. Diagnoses include Knee sprain/strain and internal derangement s/p left knee arthroscopic repair and left knee contracture. Conservative care has included medications, therapy modalities, leg brace, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/13/14 from the provider noted continued left knee pain manageable with medications with with limited range and difficulty in movements of sitting, standing and walking. Exam showed antalgic gait, bilateral joint line tenderness with restricted flex/ext 90/0-25 degrees in left knee; patellofemoral joint without crepitation. The patient remained off work as restrictions are not accomodated. The request(s) for MRI (magnetic resonance imaging) of the left knee was non-certified on 11/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the 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's (magnetic resonance imaging)

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

Decision rationale: There are no recent x-rays of the knee showing acute findings. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries, failed conservative treatment trial or progressive change to support for repeating the imaging study. The MRI (magnetic resonance imaging) of the left knee is not medically necessary and appropriate.