

Case Number:	CM15-0100966		
Date Assigned:	06/03/2015	Date of Injury:	12/09/2011
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/27/2015

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: Preventive Medicine, Occupational Medicine

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 52-year-old female, who sustained an industrial injury on 12/9/11. She reported pain in her neck, left shoulder, bilateral hands, low back, bilateral knees and left ankle. The injured worker was diagnosed as having arthralgia of both knees and osteoarthritis of the left lower leg. Treatment to date has included a left knee arthroscopic surgery on 4/12/13, a right knee MRI on 3/25/08 and physical therapy. As of the PR2 dated 4/10/15, the injured worker reports pain in both knees after sustaining a fall yesterday. Objective findings include left knee range of motion 5-120 degrees, antalgic gait and a positive McMurray's. The treating physician requested a left knee MRI without contrast and a consultation for evaluation for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee without contrast, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13
Knee Complaints Page(s): 351.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), and MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. No red-flag indications are present in the medical record. MRI of the knee is not medically necessary. MRI of the left knee without contrast, QTY: 1.00 is not medically necessary.

Consultation for evaluation, for bilateral upper extremities, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consultation for evaluation, for bilateral upper extremities, Qty: 1.00 is not medically necessary.