

Case Number:	CM15-0102811		
Date Assigned:	06/05/2015	Date of Injury:	03/14/2006
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old woman sustained an industrial injury on 3/14/2006. The mechanism of injury is not detailed. Diagnoses include lumbar spine discopathy with left shoulder symptoms and right knee degenerative arthrosis. Treatment has included oral and topical medications. Physician notes dated 10/2/2014 show complaints of right knee and left shoulder pain. Recommendations include refilling of all medications including transdermals, right knee MRI, ten week supervised weight loss program, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI of the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: The patient is a 56 year old female with an injury on 03/14/2006. She had lumbar, left shoulder and right knee pain. She is overweight and has right knee degenerative

changes. On 10/02/2014 she had right knee and left shoulder pain. There is no documentation of a new right knee injury, recent red flag signs or progression of new symptoms. There is no documentation that she is scheduled for knee surgery. She does not meet ACOEM guidelines for an imaging study. The MRI was not medically necessary.