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| Case Number: | CM15-0011758 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 11/03/2008 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 male who sustained an industrial injury on 11/03/2008. Diagnoses include lumbosacral sprain/strain with no evidence of radiculopathy, cervical spine strain, with suggestion of right-sided radiculopathy, status post right knee surgery in September of 2012. Due to the injured worker favoring his right knee, his left knee is bothering him a lot. Treatment to date has included medications. A physician progress note dated 12/04/2014 documents the injured worker had an injection in the right knee. It was felt the left knee is irritating him from favoring the right side. An x-ray of the left knee done on 10/10/2013 showed severe medial joint narrowing and mild medial and patellofemoral compartment spurring. There are prominent calcific or ossific densities posterior to the left knee which may represent synovial chondrometosis. Treatment requested is for a Magnetic Resonance Imaging of the left knee. On 01/09/2015 Utilization Review non-certified the request for a Magnetic Resonance Imaging of the left knee and cited was California Medical Treatment Utilization Schedule (MTUS)-ACOEM Guidelines, and Official Disability Guidelines.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MRI

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

Decision rationale: According to ACOEM, MRI of the knee is not needed to evaluate most knee complaints in patients who are able to walk with out a limp until after a period of conservative care and observation. In order for a patient to be considered for an MRI of the knee, medical documentation should describe evidence of intra-articular tissue insult resulting in decreased range of motion, decreased strength, and/or loss of function of the knee. In this case, strength and functionality of the left knee were not described and thus an MRI is not necessary and appropriate.