

Case Number:	CM15-0019267		
Date Assigned:	02/09/2015	Date of Injury:	10/01/2010
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female, who sustained an industrial injury on October 1, 2010. She has reported bilateral knee injuries. The diagnoses have included pain in lower leg, degenerative joint disease of bilateral knees, and meniscus injury and anterior cruciate ligament tears. Treatment to date has included viscosupplementation injections and medications. Current medications included oral and topical pain, muscle relaxant, proton pump inhibitor and non-steroidal anti-inflammatory medications. On January 12, 2015, the treating physician noted bilateral knee pain. She reported some relief of pain, inflammation, and swelling from the viscosupplementation injections, but she continues to have residual pain. Her left knee pain has become more painful. Her medications help to decrease her pain. The physical exam of the left knee revealed no effusion, ecchymosis, or abrasion. There was no valgus or varus deformity. There was normal alignment of the patella, negative Apprehension test, no prepatellar swelling, no joint line tenderness, and negative Murray, Appley, and Lachman tests. Stress testing revealed the medial and collateral ligaments were intact and non-tender. There was full range of motion, tenderness to palpation over the medial aspect, and significant grinding and crepitus with palpation. Her gait was antalgic. The treatment plan included an MRI of the left knee. On January 20, 2015, Utilization Review non-certified a request an MRI of the left knee, noting the patient's exam findings do not suggest a significant knee condition that supports an MRI. The California Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines (ODG) was/were cited.

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): table 13-6.

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

Decision rationale: According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified with MRI. Therefore, the request for MRI of left knee is Not Medically Necessary.