

Case Number:	CM15-0019387		
Date Assigned:	02/09/2015	Date of Injury:	09/29/2014
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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 50 year old female, who sustained an industrial injury on 09/29/2014. She has reported pain in the left hand and knees. The diagnoses have included left hand sprain; and chondromalacia patellae. Treatments have included medications, left knee support, acupuncture, and physical therapy. Medications have included Ibuprofen. Currently, the IW complains of intermittent aching in the left wrist/hand which travels to her forearm, becoming sharp and shooting pain with repetitive activity of her hand; weakness, numbness, and tingling in the left hand; constant aching in the knees, worse in the left knee; knee pain becomes sharp and stabbing with prolonged standing and walking; and episodes of swelling in the knees, left greater than right. A progress note from the treating physician, dated 12/17/2014, reported objective findings to include tenderness over the left hand palmar region; bilateral knee tenderness in the retropatellar area; +3 hard crepitation with motion, left knee greater than right; and left knee with positive Jones test and pain on compression. The treatment plan included requests for a cortisone injection to the left knee; and an MRI scan of the left knee to rule out osteochondral fracture. On 01/23/2015 Utilization Review noncertified a prescription for MRI (Magnetic Resonance Imaging) of the left knee. The Official Disability Guidelines were cited. On 02/03/2015, the injured worker submitted an application for MRI (Magnetic Resonance Imaging) of the left knee.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Indications for Imaging - MRI (magnetic resonance imaging)

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. In addition, there is no documentation of a change in medical condition. Therefore, the request for MRI left Knee is Not Medically Necessary.