

Case Number:	CM15-0110178		
Date Assigned:	06/16/2015	Date of Injury:	04/15/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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, Alabama, 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 39 year old male, who sustained an industrial injury on 4/15/13. He reported pain in the hands, neck, low back, and lower extremities. The injured worker was diagnosed as having a left thigh strain and left knee internal derangement. Treatment to date has included medication such as Norco, Soma, and Lorazepam. A MRI of the left knee obtained on 3/12/15 revealed a horizontal oblique area of linear hyper intense signal through the body and posterior horn of the medial meniscus that was suggestive of a tear. A fluid collection between the medial head of the gastrocnemius and the semimembranous tendon that was consistent with a popliteal cyst was also noted. Currently, the injured worker complains of constant right knee pain. The treating physician requested authorization for a MRI 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 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 - TWC Knee and Leg Procedure Summary, Online Version, 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 of the knee is indicated in case of meniscal tear, ligament strain and tendinitis. There is no evidence of objective and functional deficits of the left knee to support the request. Therefore, the request of left Knee MRI is not medically necessary.