

Case Number:	CM15-0124439		
Date Assigned:	07/08/2015	Date of Injury:	07/08/2013
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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 50 year old female patient who sustained an industrial injury on 07/08/2013. A follow up visit dated 07/17/2014 reported subjective complaint of having right knee pain over the surgical site that increases with standing for more than two hours. Diagnostic impression taken on 01/20/2014 showed status post right knee arthroscopy and partial medial meniscectomy. The patient is being released to a modified work duty with return follow up in two weeks. A more recent follow up visit dated 03/30/2015 reported current subjective complaints of symptoms unchanged since last visit and continues with constant right knee pain and swelling. She is not working at this time. Current medications are: Norco and a sleeping aid. There is crepitus with range of motion of the right knee and she is not able to squat or kneel. She is diagnosed with the following: cervical spine strain/sprain, intermittent myofascitis; bilateral shoulder radiculopathy; lumbar spine strain/sprain, myofascitis; lower extremity radiculopathy; status post arthroscopic surgery, right knee with residual pain and swelling. The following services are pending authorization: physical therapy treating right knee; right knee radiography study; prior medical records. She is to continue with current medication regimen. She is to remain off from work for 4-6 weeks.

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 without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

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

Decision rationale: According to MTUS guidelines, knee 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 and best evaluated with MRI. Therefore the request for MRI of the Left Knee without dye is not medically necessary.