

Case Number:	CM15-0126095		
Date Assigned:	07/10/2015	Date of Injury:	01/06/2012
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 1/6/12. He had complaints of left knee pain. Treatments include: medications, physical therapy and surgery. Primary treating physician's progress note dated 5/12/15 reports complaints of right knee pain that radiates up his thigh due to compensation of left knee after surgery. Without medications his pain is rated 6-7/10 and with medications 2/10. Complaints of left knee pain aching, burning, stabbing, throbbing, and less sensitive to touch. Diagnoses include: left knee posterior horn tear lateral meniscus, s/p surgery 9/16/13 and insomnia. Plan of care includes: evaluation by orthopedic surgeon, request for right knee MRI to rule out tears and continue pain medications. Work status is no lifting 20 pounds, no squat, climb, crawl, or kneel. Stand and sit as needed. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

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

Decision rationale: ACOEM Guidelines state that the criteria for an MRI of the knee include the following: 1) joint effusion; 2) bony tenderness over the patella or the head of the fibula; 3) inability to walk 4 steps or bear weight immediately within a week of the injury; 4) inability to flex the knee to 90 degrees. In this case, the claimant meets none of the above criteria. The physical exam of the right knee shows no effusion, full ROM, stability of the joint and evidence for meniscal injury. Studies have shown that without the above physical exam criteria, MRI is not justified due to no change in the eventual outcome. Thus the request for an MRI of the right knee is deemed not medically necessary.