

Case Number:	CM15-0126361		
Date Assigned:	07/10/2015	Date of Injury:	03/12/2015
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
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 30-year-old female who sustained an industrial injury on 3/12/15. She had complaints of right and left knee pain. Progress note dated 6/2/15 reports continued complaints of right and left knee pain. She has recently developed low back pain, stiffness, and pain in the back of her right knee. Diagnoses include patella alta, and bilateral knee pain. Plan of care includes: orthopedic specialist referral, lumbar back support, MRI of left and right knee without contrast, start robaxin 500 mg every 6 hours as needed. Work status: return to modified work today; remain in a seated position for 50 % of the work shift. Follow up in 2 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 contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, MRI (magnetic resonance imaging).

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

Decision rationale: CA MTUS Guidelines do not recommend MRI of the knee unless there is a suspicion of an ACL tear. In this case, there is no evidence of a suspicion of an ACL tear. The patient only complains of bilateral knee pain. There is no mention of instability, locking or swelling of the joint. There is no documentation on physical examination of the knee demonstrating effusion, instability, or an anterior/posterior drawer sign. In addition, there has been no adequate course of conservative care (PT/medications) for 3-4 weeks prior to MRI as recommended. Therefore, this request is deemed not medically necessary.

MRI of the right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, MRI (magnetic resonance imaging).

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

Decision rationale: CA MTUS does not recommend MRI of the knee unless there is a suspicion of an ACL tear. In this case, there is no suspicion of an ACL tear. The records show that the patient's only complaint is bilateral knee pain. They are no subjective complaints of instability, locking or swelling. There are no physical exam findings of effusion, instability, or anterior/posterior drawer sign. In addition, there has not been a trial of conservative therapy (PT/medication) for 3-4 weeks prior to MRI. Therefore, this request is deemed not medically necessary.