

Case Number:	CM15-0161077		
Date Assigned:	10/20/2015	Date of Injury:	05/18/1999
Decision Date:	12/01/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California

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 65 year old male injured worker suffered an industrial injury on 5-18-1999. The diagnoses included left internal derangement and knee surgery 2005. On 7-23-2015, the treating provider reported left knee pain rated 2 out of 10 and without medication, it was rated 5 out of 10. Medication used were Lunesta, Lidoderm, Naproxen and Zanaflex but not for the past 2 months due to denial. The provider noted the left knee had crepitus, grinding and was becoming more swollen and painful to stand-walk. The Utilization Review on 8-6-2015 determined non-certification 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: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Procedure summary, Online Version, (updated 05/05/15), Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 47.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the physician noted that the claimant had crepitus and a pain full knee, but an examination of the knee was not provided. There were no x-rays performed to determine if symptoms are more causally related to arthritis or a pathology that requires immediate surgical attention. The request for the MRI is not appropriately justified within the context of the ODG and ACOEM guidelines and is not medically necessary.