

Case Number:	CM15-0067892		
Date Assigned:	04/15/2015	Date of Injury:	06/24/2014
Decision Date:	06/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 47 year old man sustained an industrial injury on 6/24/2014 after stooping on the right knee and hitting a metal part. Diagnoses include rule out quadriceps tendon and muscle tear and rule out derangement of the bilateral knees. Treatment has included oral medications. Physician notes dated 1/28/2015 show complaint of knee and thigh pain. Recommendations include MRIs of the right hip, thigh, and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) - (Right) Knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. MRI of the right knee is not medically necessary.

MRI (magnetic resonance imaging) - (Right) Thigh without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and is recommended as the first imaging technique employed following plain films. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The ODG establish the following indications for MRI imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; and Tumors. The medical record fails to document any of the above criteria. Patient underwent an MRI of the right thigh on 11/18/2014 which was negative for any significant findings. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. MRI (magnetic resonance imaging) - (Right) Thigh without contrast is not medically necessary.

MRI (magnetic resonance imaging) - (Left) Knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. MRI of the left knee is not medically necessary.