

Case Number:	CM15-0068145		
Date Assigned:	04/15/2015	Date of Injury:	02/28/2015
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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: Colorado

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 female, who sustained an industrial injury involving twisting injury to the left knee on February 28, 2015. The injured worker has been treated for left knee complaints. The diagnoses have included left knee pain, degenerative changes in the left knee and left knee injury with lateral tracking patella, possible internal derangement. Treatment to date has included radiological studies. The injured worker did not want to take medications. Current documentation dated March 19, 2015 notes that the injured worker reported left knee pain. Physical examination of the left knee revealed a mild effusion and tenderness along the medial and lateral joint lines. Anterior and posterior drawer tests were negative. A McMurray's test was equivocal. The treating physician's plan of care included a request for an MRI of the left knee without dye to define the pathology and rule out meniscal tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335 and 341.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM Guidelines were consulted. The ACOEM indicates that MRI can be useful in knee pain, to rule out fracture as well as to diagnose other injuries including ligament or meniscal tears, though the evidence is not strong for the recommendation. Furthermore, assuming "red flags" are not present, MRI is only recommended after a course of conservative therapies have failed and if surgery is being considered. For the patient of concern, the records do not indicate that patient has had any treatment for the left knee injury, but the records do indicate that she has no "red flag" symptoms/findings. Given that patient has not tried and failed conservative therapies, and has no "red flag issues, MRI of the left knee not currently medically necessary.