

Case Number:	CM15-0069987		
Date Assigned:	04/17/2015	Date of Injury:	12/02/2014
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 12/02/2014. The injured worker is currently diagnosed as having injury of multiple sites (right elbow, right forearm, right knee, and right tibia/fibula). Treatment and diagnostics to date has included physical therapy and medications. In a progress note dated 03/04/2015, the injured worker presented with complaints of persistent pain despite conservative treatment. The treating physician reported requesting authorization for right knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: 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): 343.

Decision rationale: According to MTUS guidelines, MRI of the knee is indicated in case of meniscal tear, ligament strain and tendinitis. There is no clinical evidence suggesting a specific

knee diagnosis. There is no evidence of failure or intolerance of conservative care. There is no new or progressive focal neurologic deficits. There is no evidence that surgery is under consideration. The patient has even been cleared to return to work. Therefore, the request of right Knee MRI is not medically necessary.