

Case Number:	CM15-0071913		
Date Assigned:	04/22/2015	Date of Injury:	09/25/2001
Decision Date:	06/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 63 year old female, who sustained an industrial injury on September 25, 2001. The injured worker was diagnosed as having lumbago, pain in joint lower leg and lumbosacral/thoracic neuritis. Treatment and diagnostic studies to date have included bilateral knee surgery, physical therapy and medication. A progress note dated March 3, 2015 provides the injured worker complains of left knee pain. She reports feeling much better since her injection. Physical exam notes post-surgical effusion, tenderness on palpation, decreased range of motion (ROM) of the knee and difficulty walking. The plan includes magnetic resonance imaging (MRI), medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested MRI Bilateral Knees, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has left knee pain. She reports feeling much better since her injection. Physical exam notes post-surgical effusion, tenderness on palpation, decreased range of motion (ROM) of the knee and difficulty walking. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, MRI Bilateral Knees is not medically necessary.