

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0072630 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 02/20/2015 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 2/20/2015. He reported right knee injury after a slip and fall. The injured worker was diagnosed as having knee osteoarthritis, internal derangement of knee. Treatment to date has included x-rays, medications, physical therapy, and therapeutic tape. The request is for magnetic resonance imaging of the right knee. On 3/19/2015, he complained of increased right knee pain. The records indicate he had completed 5 physical therapy sessions with no improvement, and was still off work. The treatment plan included: magnetic resonance imaging of the right knee, and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work injury in February 2015 when he slipped and fell with injury to the right knee. Treatments have included physical therapy without improvement. When seen, he was having increased right knee pain. The physical examination was severely limited due to pain. He was in a wheelchair. Authorization for an MRI of the right knee to assess for internal derangement was requested. An MRI scan of the knee is sensitive and specific for detecting meniscal tears or ligament injuries. Criteria for obtaining an MRI include trauma with suspected ligament or meniscal injury. In this case, the claimant has a history of trauma and has not improved after conservative treatments. The physical examination is non diagnostic due to pain. The request is for an MRI of the knee to further assess for internal arrangement. The applicable criteria are met and therefore, the requested MRI is medically necessary.