

Case Number:	CM15-0076404		
Date Assigned:	04/28/2015	Date of Injury:	04/06/2009
Decision Date:	07/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 70 year old male, who sustained an industrial injury on 4/06/2009. He reported cumulative trauma to the low back, right knee, right shoulder, and neck. Diagnoses include cervical stenosis, posterior disc osteophyte complex, radiculitis, right wrist ulnar deviation, right knee sprain/strain, compensatory left knee strain and internal derangement, right knee meniscus tear and left knee medial compartment syndrome. Treatments to date include activity modification, physical therapy, cortisone injection, Synvisc injection, Supartz injection, and recommendation for left knee arthroscopy with no documentation to support it was completed. Currently, he had multiple ongoing complaints of pain in the neck, right shoulder, right knee, and left knee. On 2/2/15, the physical examination documented multiple significant objective clinical findings. The left knee revealed positive McMurray's, Apley Compression, and Clarke's sign tests with tenderness upon palpation and range of motion. The plan of care included multiple diagnostic imaging studies to determine an appropriate course of treatment. The appeal request was for an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Repeat Knee MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): algorithms 13-1 and 13-3, and page 343.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, multiple prior MRIs have identified meniscal tears and degenerative changes. There is no identification of any new or progressive symptoms/findings suggestive of additional pathology. In the absence of such documentation, the currently requested MRI is not medically necessary.