

Case Number:	CM15-0077827		
Date Assigned:	04/29/2015	Date of Injury:	06/13/2014
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/23/2015

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 44 year old male, who sustained an industrial injury on 6/13/2014, while employed as a delivery driver. He reported injuring his right knee, stepping and bending in and out of vehicle. The injured worker was diagnosed as having sprain/strain right knee and leg. Treatment to date has included x-ray of the right knee, ice, and medications (Tylenol). Currently, the injured worker complains of right knee pain, rated 5/10, noted as accelerating over the past month. Physical exam was notable for mildly positive McMurray's sign, tenderness to palpation over the medial patellar facet, and valgus stress caused mild pain medially. He preferred to avoid medication and wished just to use ice and APAP (Acetaminophen). Work status was modified duty. Magnetic resonance imaging of the right knee was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
 Page(s): 341-343.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are 'Red-flag' findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria with no documentation of any conservative treatments documented, joint instability or any red flag findings. MRI of right knee is not medically necessary.