

Case Number:	CM15-0078727		
Date Assigned:	04/30/2015	Date of Injury:	12/22/2004
Decision Date:	05/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/24/2015

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: Preventive Medicine, Occupational 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 62 year old female, who sustained an industrial injury on 12/22/04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbosacral sprain/strain; pain in the lower leg; chronic pain due to trauma; other unspecified derangement of medial meniscus. Treatment to date has included knee brace; medications. Currently, the PR-2 notes dated 3/18/15 indicated the injured worker complains of pain in the lumbar spine; left hip and knee symptoms. The requested treatment is for a left knee MRI and the pain is described as in the medial and lateral aspects of the knee that is greater medially. The pain radiated to the proximal mid-calf with frequent aching, stabbing pain rated at 5/10. The pain causes sleeplessness and aggravated by prolonged weight bearing activities requiring her to use a cane and a knee brace. The patella has a moderate restriction of its medial and lateral excursion. On active flexion and extension there is no crepitation and the compression testing is positive radiating down to the patellar ligament. Moderate anteromedial joint line tenderness with no mid medial and lateral joint line tenderness is noted. A 1+ medial collateral ligament laxity with lateral collateral and cruciates are intact. She has range of motion from 24 to 126 degrees of flexion. The provider has requested a 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 of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. MRI of the left knee is not medically necessary.