

Case Number:	CM15-0098978		
Date Assigned:	06/01/2015	Date of Injury:	02/22/2014
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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 57 year old female patient who sustained an industrial injury on 02/22/2014. The accident was described as while working as a housekeeper she progressively noticed left knee pains and did not report the incident to employer; continued working regular duty. Subsequently she was evaluated and taken out of work and underwent a magnetic resonance imaging scan of left knee. She then received orthopedic consultation, chiropractic session, shockwave therapy, and acupuncture all with little benefit. She has been out of work since 02/22/2014. A primary treating office visit dated 04/06/2015 reported the patient with subjective complaint of having pain on the top and bottom of the left knee cap area. She also complains of pain radiating from the top of her left knee cap up to her left thigh area. She was unable to squat due to left knee pain. Radiography was found with negative results. The impression noted the patient with left knee internal derangement. She was given activity restrictions and follow up in two weeks. She was seen again on 04/20/2014 and the plan of care noted she was to undergo a magnetic resonance imaging study of left knee, modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee QTY 1: 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 (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for left knee pain. When seen, she had not returned to work. Physical examination findings included decreased range of motion with positive McMurray's testing. There were multiple scars over the medial aspect of the knee and there was a joint effusion. Of note, the claimant has already had two MRI scans of the left knee in February and August 2014. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury and the claimant has already had two MRI scans of the left knee since her injury. Therefore, another MRI of the knee is not medically necessary.