Case Number:	CM16-0245028		
Date Assigned:	01/04/2017	Date of Injury:	10/24/2016
Decision Date:	01/27/2017	UR Denial Date:	12/13/2016
Priority:	Standard	Application Received:	12/21/2016

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: Texas,New York,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 applicant is a 63-year-old male who has filed a claim for knee pain reportedly associated with an industrial injury of October 24, 2016.In a utilization review report dated December 13, 2016, the claims administrator failed to approve a request for knee MRI imaging. A November 1, 2016 date of service was referenced in the determination. The applicant subsequently appealed. On the November 1, 2016 office visit at issue, the applicant reported ongoing issues with left knee pain, 3/10, intermittent, exacerbated by walking. Tenderness about the lateral joint line was appreciated with positive joint laxity and crepitation present, the attending provider noted. The applicant exhibited 130 degrees of knee range of motion, the attending provider noted. Knee MRI imaging was ordered, without much in the way of supporting rationale. The attending provider stated that the applicant's condition was "stable," stated at the bottom of the note.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: No, the request for MRI imaging of the knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 does acknowledge that knee MRI imaging can be employed to confirm a wide variety of diagnoses involving the knee, including those of meniscus tear, cruciate or collateral ligament tear, patellar tendinopathy, etc., here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336, it is further noted, stipulates that MRI imaging is indicated only if surgery is being considered or contemplated. Here, however, the attending provider's November 1, 2016 office visit made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the knee based on the outcome of the study in question. It was not stated how (or if) said knee MRI would influence or alter the treatment plan, nor it was stated why a knee MRI study was ordered on the November 1, 2016 office visit at issue. The fact that the applicant retained normal knee range of motion of 130 degrees, and was seemingly ambulatory as of this date, taken together, suggested that the applicant was not, in fact, a candidate for surgical intervention involving the knee. Therefore, the request is not medically necessary.