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| Case Number: | CM13-0012751 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 01/03/2010 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Sports Medicine, and is licensed to practice in Texas and Arkansas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old male who reported an injury on 01/03/2010. The injury was noted to occur when the patient was bathing a subacute resident and he bent his knees and reached over the bed to pull the sheet, and twisted his right knee and heard a snap, followed by immediate pain. The patient's diagnoses have been noted as status post right knee arthroscopy on 09/10/2010 and 11/09/2011. A magnetic resonance imaging (MRI) of the right knee on 07/17/2012 revealed (1) marked scarring along the posterior aspect of the Hoffa's fat pad, especially medially; (2) mild bone marrow edema within the peripheral aspect of the medial tibia anteriorly and, to a lesser degree, anterior femur, which is consistent with a mild stress response; (3) and a defect of the adjacent medial meniscus remnant. The patient's symptoms are noted as right knee pain, swelling, weakness, and giving way. His recent objective findings include decreased range of motion of the right knee, as well as moderate joint effusion. A recommendation was made for an updated MRI of the right knee due to increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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, MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines (ODG) indicate that repeat magnetic resonance imagings (MRIs) are recommended to assess knee cartilage repair tissue postsurgically; however, routine use of MRI for followup of asymptomatic patients following knee arthroplasty is not recommended. The guidelines also indicate that MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. As the medical records submitted for review fail to provide recent significant objective findings suggesting new pathology related to the knee, the request is not supported. Additionally, the medical records do not indicate if the patient is currently participating in physical therapy or a home exercise program in order to increase function. For these reasons, the request is non-certified.