MAXIMUS Federal Services

Case Number:	CM13-0014618		
Date Assigned:	10/03/2013	Date of Injury:	12/23/2009
Decision Date:	03/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of December 23, 2009. A utilization review determination dated August 6, 2013 recommends non-certification of 1 MRI of the left knee without contrast. The previous reviewing physician recommended non-certification of 1 MRI of the left knee without contrast due to lack of documentation of authorization of a requested surgery, recent post-operative standing x-rays, and failure to respond to other non-surgical treatment modalities such as corticosteroid injections and bracing prior to surgery. A Progress Report dated September 4, 2013 identifies Subjective Complaints of continued knee pain along the medial joint line. It's stated that a 5/6/13 operative report describes the patellofemoral joint as normal with the exception for a very tight groove in the trochlea, for which she is asymptomatic, the lateral compartment was pristine and the medial compartment and Grade II chondromalacia of the medial tibial plateau and Grade III-IV chondromalacia of the medial femoral condyle. The ACL, PCL, LCL and MCL are intact. Objective Findings identify slight effusion. ROM is 0-115 degrees. Exquisite pain with direct palpation along the medial joint line, positive bounce home test, positive McMurray's. Diagnoses include left leg joint pain, medial meniscus tear, left leg osteoarthritis, not otherwise specified. Treatment Plan identifies injection of lidocaine, Marcaine, and Kenalog under ultrasound guidance. Proceed with MRI for jig fitting.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

Decision rationale: Regarding the request for 1 MRI of the Left Knee w/out contrast, Occupational Medicine Practice Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. ODG Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). In this case, within the medical information made available for review, there is documentation of nontraumatic knee pain. There is mention that an operative report documented Grade II chondromalacia of the medial tibial plateau and Grade III-IV chondromalacia of the medial femoral condyle. While the MRI is noted to be requested for the jig fitting, there is no documentation that radiographs are nondiagnostic. In addition, there is no documentation that surgery has been authorized (and the current request appears to be specifically for surgical planning). In the absence of clarity regarding those issues, the currently requested 1 MRI of the Left Knee w/out contrast is not medically necessary.