

Case Number:	CM13-0016393		
Date Assigned:	10/11/2013	Date of Injury:	01/20/2012
Decision Date:	01/13/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/23/2013

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 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. 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 underlying date of injury in this case is 01/20/2012. This is a preoperative request for an MRI of the right knee with regard to a planned right total knee arthroplasty. A prior physician review noted that x-rays of the right knee demonstrated degenerative arthritis with significant narrowing. That reviewer noted that diagnosing osteoarthritis with an MRI is medically unnecessary, and therefore the current preoperative MRI was not supported. Previously on 06/11/2013, the patient's treating orthopedist saw the patient regarding right knee pain and noted that multiple physicians had recommended knee replacement. The treating orthopedist reviewed previous x-rays of the right knee which showed significant degenerative disease with subchondral sclerosis and even a subchondral deficit in the patellofemoral compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The ACOEM Guidelines, Chapter 13 Knee, page 343, states, "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." The treatment guidelines would therefore support a specific differential diagnosis and clinical rationale prior to ordering an MRI of the knee. The medical records at this time do not clarify such a differential diagnosis or rationale for the requested MRI. This request is not medically necessary.