

Case Number:	CM13-0029723		
Date Assigned:	06/06/2014	Date of Injury:	07/10/2009
Decision Date:	07/12/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 53 year old male who reported injury to the right knee on 07/10/2009 of unknown mechanism. The injured worker complained of constant aching, burning, and sharp like pain to right knee joint, increased pain to the anterior portion of the right knee, and muscle aches. He rated pain on average 5-8/10 on 1-10 scale. He stated that climbing stairs, sitting standing, and carrying things aggravated the right knee and he was unable to walk without the cane, but able to do activities of daily living with minimal assistance. Physical examination by the physician noted antalgic gait favoring the right knee, metal hinged braced to both knees and no range of motion deficits. He is able to fully extend the knees without flexion contracture and demonstrates a maximal, right/left knee flexion to 160/145 degrees. No presence of Waddell's Signs at time of visit to indicate pain behavior. The injured worker has diagnoses of right knee sprain/strain, right knee lateral meniscus tear, right knee patellofemoral and medial gonarthrosis/osteoarthritis. Chondromalacia right knee, status post right knee arthroscopy with partial lateral meniscectomy and chondroplasty of patellofemoral and medial tibio-femoral compartments (01/22/2010). Per the physician a right knee x-ray was done on 07/17/2009, one week following the injury showing ossicles at tibial insertions of the anterior and posterior cruciate ligaments with 3mm cartilage interval medial tibio-femoral compartment and superior and inferior patellar spurring, suggesting osteoarthritis and an osteoarthritic process beginning. A magnetic resonance imaging for right knee (MRI) was done 08/18/2009 preoperatively as well. Documentation states that he had postoperative physical therapy, however there is no documentation of the injured worker's response to the therapy. The clinical findings dated 08/23/2013 also suggest that the injured worker does currently demonstrate right knee osteoarthritis and, as such is a possible future candidate for right total knee arthroplasty, but he is too young to be consider for this type of surgery at this time and he would benefit from a hinged

right knee brace and intermittent use of a non-steroidal anti-inflammatory drug In the meantime. His medications included norco 5/325 mg 1-2 tables daily and ibuprofen as needed for pain. The treatment plan is for magnetic resonance imaging for right knee. Authorization form was signed and dated 12/06/2013. There is no rationale for the request for a magnetic resonance imaging (MRI) of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-143.

Decision rationale: The request for a magnetic resonance imaging for right knee is not medically necessary. The injured worker has diagnoses of right knee sprain/strain, right knee lateral meniscus tear, right knee patellofemoral and medial gonarthrosis/osteoarthritis. Chondromalacia right knee, status post right knee arthroscopy with partial lateral maniscectomy and chondroplasty of patellofemoral and medial tibio-femoral compartments (01/22/2010). The injured worker complained of constant aching, burning, and sharp like pain to right knee joint, increased pain to the anterior portion of the right knee, and muscle aches. He rated pain on average 5-8/10 on 1-10 scale. He stated that climbing stairs, sitting standing, and carrying things aggravated the right knee and he was unable to walk without the cane, but able to do activities of daily living with minimal assistance. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) special studies and diagnostic and treatment considerations - knee complaints suggests that special studies are not needed to evaluate most knee complaints until after conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters trauma in this population are joint effusion within 24 hours of direct blow or fall, the injured worker had a twisting injury and there is no effusion, the injured worker is able to walk without a limp, palpable tenderness over fibular head or patella, the inability to walk (four steps) or bear weight immediately or within a week of the trauma, and the inability to flex knee to 90 degrees. There is no documentation submitted that indicate the response to conservative care such as the postoperative physical therapy, and anti-inflammatory drug. In addition, there is a lack of significant physical examination findings to warrant an MRI of the knee at this time. Given the above the request for a magnetic resonance imaging for right knee is not medically necessary.