

Case Number:	CM13-0031379		
Date Assigned:	12/04/2013	Date of Injury:	01/24/2012
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 male patient with a date of injury of 1/24/12. A utilization review determination dated 9/25/13 recommends non-certification of a repeat MRI of the left knee. A progress report dated 9/17/13 identifies subjective complaints including chronic left knee pain 6/10. PT helped somewhat with pain and strength. Objective examination findings identify left knee tenderness along the medial joint line with flexion decreased by 20%. Mild crepitus was palpated with ROM. McMurray sign was positive. Diagnoses include pain in joint lower leg; disorders sacrum; and sciatica. Treatment plan recommends updated left knee MRI to see if there are any changes postoperatively since the patient had left knee arthroscopic surgery in December 2012. Once the patient has the MRI, surgical consultation will be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, MRI's (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat MRI of the left knee, California MTUS does not address the issue. ODG cites that repeat MRIs are supported post-surgically if there is a need to assess knee cartilage repair tissue. Within the documentation available for review, an MRI from 2012 was said to show mild diffuse arthritis most severe in the patellofemoral compartment and a large horizontal medial meniscus tear. The patient underwent arthroscopy with partial meniscectomy on 12/10/12. Currently, the patient has chronic knee pain despite conservative treatment. On exam, there is medial joint line tenderness, some decreased flexion, and mild crepitus with ROM. McMurray's sign was noted to be positive, although it was not clarified if the positive result was attributed to pain, a click, or both. There is no documentation of symptoms such as catching or locking to suggest a recurrent meniscal tear, and there is no clear rationale identifying how an MRI would change the need for orthopedic consultation at this point given the patient's chronic knee pain and history of surgical intervention. In light of the above issues, the currently requested repeat MRI of the left knee is not medically necessary.