

Case Number:	CM13-0033544		
Date Assigned:	03/28/2014	Date of Injury:	04/01/2004
Decision Date:	04/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier knee arthroscopy in 2005; Synvisc injections; unspecified amounts of physical therapy over the life of the claim; and adjuvant medications. In a Utilization Review Report of October 2, 2013, the claims administrator denied a request for knee MRI imaging. Non-MTUS ODG Guidelines were cited, it is incidentally noted in this denial. In a March 6, 2014 progress note, the applicant's neurologist writes that the applicant is waiting to have his knee replaced. The applicant is reportedly 67 years old and is alleging cumulative trauma, it is further noted. In a February 28, 2013 progress note, the applicant's primary treating provider apparently gives the applicant permanent work restrictions and states that earlier knee surgery in 2010 was notable for a bone-on-bone arthritis and that the applicant should consider a knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE BETWEEN 9/26/2013 AND 11/10/2013: 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): 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, MRI imaging can be employed in the preoperative evaluation of meniscal tears, collateral ligament tears, and/or cruciate ligament tears. In this case, however, the applicant's knee issues are apparently a function of knee arthritis. The MTUS does not address the topic of knee MRI imaging for knee arthritis, the issue present here. As noted in the Third Edition ACOEM Guidelines, however, MRI imaging is "not recommended" for routine evaluation of degenerative joint disease. In this case, the applicant has clinically evident, radiographically confirmed knee arthritis. The knee arthritis was described as severe on an operative report in 2010. Since the diagnosis in question has already been definitively established both clinically and radiographically, MRI imaging is superfluous, particularly since ACOEM does not deem arthritis an issue which requires MRI imaging to diagnose. Accordingly, the request is not certified, on Independent Medical Review