

Case Number:	CM13-0033973		
Date Assigned:	12/06/2013	Date of Injury:	03/24/2011
Decision Date:	01/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery and is licensed to practice in Ohio, Pennsylvania, Texas. 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 patient is a 56-year-old gentleman who was injured in a work related accident on 03/24/11 specific to his right knee. The last physical examination specific to the claimant's right knee was from [REDACTED] on a qualified medical re-evaluation of 01/17/13 where he stated the knee was with 0 to 120 degrees range of motion, medial joint line tenderness, healed portal sites from prior arthroscopy, and patellofemoral clicking with flexion and extension. Prior clinical records for review of 06/17/13 with [REDACTED] indicated the claimant is status post a right knee arthroscopy performed in May of 2011, but was with continued complaints of pain. Physical examination findings at date were not performed. Records indicate a prior assessment of 09/16/13 with [REDACTED] indicating continued complaints of pain about the right knee noting the claimant is now status post a left knee arthroscopy and meniscectomy. Formal physical examination findings were not noted at that date and he recommended an MRI scan of the right knee for further assessment. At present, there is a request for an MRI scan of the right knee as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, repeat MRI's, (Ramappa, 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure, MRI's, repeat MRI's:Post -Surgical (Ramappa, 2007).

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address MRIs. Based on The Official Disability Guideline criteria, an MRI scan of the knee would not be indicated. In the chronic setting, guidelines would recommend MR imaging in nontraumatic knee pain with nondiagnostic radiographs and failed conservative care. Records in this case do not indicate a recent physical examination to the knee in the past 11 months, nor does it indicate any form of plain film radiographs or review since the time of prior arthroscopic procedure performed in 2011. Lack of documentation of the above would fail to necessitate an acute MRI scan at this stage in the claimant's clinical course of care, particularly in absence of physical examination or recent documented treatment.