

Case Number:	CM13-0034203		
Date Assigned:	12/06/2013	Date of Injury:	08/28/2002
Decision Date:	02/27/2014	UR Denial Date:	09/24/2013
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 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:

This 63-year-old male has received extensive care for vocationally related injury to his left knee dating back to August of 2002. Records reflect that he has undergone a series of arthroscopic surgeries in 2003 and 2004 as well as multiple corticosteroid injections and viscosupplementation. He reportedly carries the diagnosis of osteoarthritis of his left knee. Physical examinations reportedly revealed diminished range of motion, crepitus and joint line tenderness. There is no discussion of imaging studies within the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair Left Knee Magnetic Resonance Imaging (MRI): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 341-343.

Decision rationale: MTUS and ACOEM 2004 Guidelines, Chapter 13 states that it relies on imaging studies to evaluate the source of knee symptoms and may reveal a false positive test and can be as much confusing as helpful. As such, they do not recommend indiscriminate imaging. Furthermore, repeat studies are typically not recommended unless there has been a distinct clinical change. Most notably in this case is the fact that this gentleman has already undergone

multiple arthroscopic procedures years ago. He reportedly carries the diagnosis of osteoarthritis. It is unclear as to what the treating physician is anticipating viewing on a repeat study that would change the diagnosis of osteoarthritis in this gentleman's case. The records clearly document that he has a history of degenerative osteoarthritis and repeat study will certainly reveal degenerative changes and post-meniscectomy changes that would not guide the next phases of treatment without a distinct clinical change such as new trauma or untoward event that would suggest a high likelihood of new findings on repeat study, the request would not be considered reasonable or medically necessary and as such I would uphold the previous adverse determination.