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| Case Number: | CM13-0038069 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/10/2006 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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:

Claimant is a 60-year-old who was injured on 01/10/06, reports increased bilateral knee pain. The pain is dull intermittent ache rated 5/10. The claimant is not taking any pain medications. Examination of bilateral knees demonstrates minor swelling on the left knee. The claimant's gait is antalgic. There is tenderness to palpation on bilateral medial joint line graded 1+. There is joint effusion at the right knee graded 2+ and left knee graded 1+. The claimant is positive for bilateral patellar grind test with active contraction and bilateral patellar crepitus. The claimant is also positive for bilateral medial joint line. Apley's test and bilateral McMurray's medial joint line test. The current request is for MRI of the right knee without contrast, 1.5 Tesla or greater and MRI of the left knee without contrast, 1.5 Tesla or greater.

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 without contrast, 1.5 Tesla or greater: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MRI of the Knee: Optimizing 3T Imaging.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2941506/>.

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this topic. Magnetic resonance imaging (MRI), with its multiplanar capabilities and excellent soft-tissue contrast, has established itself as the leading modality for noninvasive evaluation of the musculoskeletal system. It is regarded as the top imaging and diagnostic tool for the knee joint as a result of its ability to evaluate a wide range of anatomy and pathology varying from ligamentous injuries to articular cartilage lesions. Imaging of the knee requires excellent contrast, high resolution and the ability to visualize very small structures, all of which can be provided by MR imaging. The development of advanced diagnostic MR imaging tools for the joints is of increased clinical importance as it has been recently shown that musculoskeletal imaging is the most rapidly growing field in MR imaging, second only to neuroradiology applications. Currently, most clinical evaluation of the musculoskeletal system is performed at intermediate field strengths of 1.5 T or lower. High field systems, like 3.0 T, are now becoming increasingly available for clinical use. Although at first used primarily for neurological imaging, an increasing number of studies have demonstrated the abilities and advantages of 3.0 T systems in musculoskeletal imaging. The most notable advantage includes an increased signal-to-noise ratio (SNR) which can lead to a shorter imaging time or improved image resolution. However, with the increase to a 3.0 T field strength comes a various number of considerations that must be dealt with in order to optimize its intrinsically superior imaging capabilities. Therefore the request for MRI of the right knee without contrast, 1.5 Tesla or greater is medically necessary.

MRI of the left knee without contrast, 1.5 Tesla or greater: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: MRI of the Knee: Optimizing 3T Imaging.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2941506/>.

Decision rationale: Magnetic resonance imaging (MRI), with its multiplanar capabilities and excellent soft-tissue contrast, has established itself as the leading modality for noninvasive evaluation of the musculoskeletal system. It is regarded as the top imaging and diagnostic tool for the knee joint as a result of its ability to evaluate a wide range of anatomy and pathology varying from ligamentous injuries to articular cartilage lesions. Imaging of the knee requires excellent contrast, high resolution and the ability to visualize very small structures, all of which can be provided by MR imaging. The development of advanced diagnostic MR imaging tools for the joints is of increased clinical importance as it has been recently shown that musculoskeletal imaging is the most rapidly growing field in MR imaging, second only to neuroradiology applications. Currently, most clinical evaluation of the musculoskeletal system is performed at intermediate field strengths of 1.5 T or lower. High field systems, like 3.0 T, are now becoming increasingly available for clinical use. Although at first used primarily for neurological imaging, an increasing number of studies have demonstrated the abilities and advantages of 3.0 T systems in musculoskeletal imaging. The most notable advantage includes an increased signal-to-noise ratio (SNR) which can lead to a shorter imaging time or improved image resolution. However, with the increase to a 3.0 T field strength comes a various number of considerations that must be

dealt with in order to optimize its intrinsically superior imaging capabilities. Therefore the request for MRI of the left knee without contrast, 1.5 Tesla or greater is medically necessary.