

Case Number:	CM13-0039056		
Date Assigned:	12/18/2013	Date of Injury:	07/11/2008
Decision Date:	03/12/2014	UR Denial Date:	09/03/2013
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 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 least at 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of July 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior left knee surgery; MRI imaging of the left knee of the July 29, 2008, notable for postsurgical changes and moderately severe osteoarthritis; x-rays of the left knee of September 11, 2009, also notable for degenerative left knee changes; prior left knee total knee arthroplasty in May 2010; and extensive periods of time off of work. In a Utilization Review Report of September 3, 2013, the claims administrator denied a request for MRI imaging of the left knee while approving MRI imaging of the shoulder. The claims administrator based the denial, in part, on the fact that the applicant's right knee has apparently not been accepted as compensable. An earlier note of October 30, 2009 is notable for comments that the applicant has bilateral severe knee degenerative joint disease, hypertension, and elevated blood pressure. Another note of December 28, 2009 is again notable for comments that the applicant has severe degenerative joint disease of both knees. Another note of April 19, 2013 is again notable for the comments that the applicant had the right knee replaced. He is having ongoing issues with knee pain, which are ameliorated by usage of Celebrex. He is moving stiffly. Another note of July 3, 2013 is notable for comments that the applicant has some problems with knee and pain just superior to the patella. MRI imaging is apparently later endorsed.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS does not address the topic of MRI imaging for the diagnosis of the right knee arthritis, reportedly present here. However, the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-5 do note that MRI imaging scored 4/4 in its ability to identify and define suspected knee meniscal pathology. In this case, however, the applicant has an established diagnosis of advanced right knee degenerative joint disease. It is incidentally noted that the attending provider has, at times, conflated the right and left knees, making it difficult to discern which tests and/or procedures were performed on which side(s). The weight of the medical evidence, however, suggests that the applicant underwent a left knee total knee arthroplasty and did not undergo any kind of right knee prosthesis implantation. The applicant apparently carries a diagnosis of advanced right knee arthritis. As noted in the Third Edition ACOEM Guidelines, x-rays are the diagnostic test of choice ordered to help secure a diagnosis of knee arthritis. ACOEM further notes that the diagnostic testing should only be employed if there is a potential for meaningful intervention. In this case, however, it does not appear that the applicant is intent on pursuing any kind of knee surgery insofar as the right knee is concerned. As further noted by the Third Edition ACOEM Guidelines, x-ray testing is the diagnostic study of choice for knee arthritis, not the MRI study being proposed here. For all of these reasons, then, the request is not certified.