

Case Number:	CM13-0040153		
Date Assigned:	12/20/2013	Date of Injury:	02/07/2013
Decision Date:	02/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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:

The patient is a 35-year-old gentleman who was injured in a work related accident on 02/07/13. A 09/16/13 follow up visit with [REDACTED], noted complaints of right knee pain described as worse with activity with frequent catching and grinding sensations. Physical examination findings on that date demonstrated right knee palpable crepitation, no apprehension, negative effusion, +1 Lachman examination, and tenderness over the medial and lateral joint line. The left lower extremity showed a knee examination with +1 crepitation patellofemorally with full extension to 120 degrees of flexion and +1 Lachman. The claimant's diagnosis was right knee pain, patellofemoral in nature status post four previous arthroscopies and two series of viscosupplementation. The radiographs reviewed on that date showed a bilateral bipartite patella with "some patellar changes." Bilateral motion MRI scans of the knee were recommended for "tracking issues."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Motion Study Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official

Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - MRI's (magnetic resonance imaging)

Decision rationale: California MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of an MRI scan for the knee in this case would not be indicated. ODG Guidelines criteria do not recommend the role of a "motion study" with MRI assistance to assess this claimant's current clinical course of care. The clinical records for review indicate the claimant clearly has a degree of patellofemoral change noting four prior arthroscopic procedures as well as treatment for underlying arthrosis. ODG Guideline criteria do not support the role of the MRI scan based on the claimant's current clinical presentation and a diagnosis that from records for review is understood.

MRI Motion Study Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - MRI's (magnetic resonance imaging)

Decision rationale: California MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of an MRI scan for the knee in this case would not be indicated. ODG Guidelines criteria would not recommend the role of a "motion study" with MRI assistance to assess this claimant's current clinical course of care. The clinical records for review indicate the claimant clearly has a degree of patellofemoral change noting four prior arthroscopic procedures as well as treatment for underlying arthrosis. ODG Guideline criteria do not support the role of the MRI scan based on the claimant's current clinical presentation and a diagnosis that from records for review is understood.