

Case Number:	CM13-0040809		
Date Assigned:	12/20/2013	Date of Injury:	09/06/2009
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopaedic 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 expert 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 53-year-old female maintenance worker sustained an industrial injury on 9/6/09 attempting to move a heavy potato making machine. She reported injury to the low back, both hands, and both knees. The patient underwent L3/4, L4/5, and L5/S1 decompression laminectomies, foraminotomies, and partial facetectomies, with posterolateral instrumentation and fusion from L3 to the sacrum, using bone graft on 9/9/12. The patient was attending physical therapy for her low back in May 2013, when she reported the development of left knee pain and swelling riding a stationary bicycle. The 7/3/13 initial orthopedic consult cited bilateral knee pain, left greater than right, with swelling. Pain was predominantly medial but also somewhat diffuse. Medication failed to relieve symptoms. She had not had injections or done any formal therapy for the knees. Bilateral knee exam findings documented height 5'1", weight 162 pounds, trace effusions, range of motion 0-120 degrees, no patellofemoral crepitus, stable in full extension and varus/valgus stress, negative Lachman's, negative posterior drawer test, no significant crepitus, overall alignment normal, and neurovascularly intact. X-rays demonstrated mild medial joint space narrowing on the right and more mild to moderate on the left. EMG/NCV showed mild L5 radiculitis with no evidence of peripheral sensory neuropathy. The diagnosis was bilateral knee pain and post-traumatic arthritis, left greater than right. The treatment plan indicated that MRI of both knees was recommended. The patient had significant joint line tenderness, MRI was to see if there was a meniscus tear. The patient was to start therapy on her knees 2x6 for pain control. The 8/8/13 orthopedic report findings were unchanged and again requested bilateral knee MRI. Initial physical therapy evaluation for the knees was provided 8/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI's (Magnetic Resonance Imaging).

Decision rationale: Under consideration is a request for an MRI of the left knee. The MTUS do not provide recommendations for knee imaging for chronic conditions. The Official Disability Guidelines indicate that MRI is recommended for non-traumatic knee pain that is not localized if initial radiographs are normal, additional studies are indicated, and internal derangement is suspected. Guideline criteria have not been met. This patient presents with radiographic findings of bilateral knee medial joint space narrowing, worse on the left. There are limited current findings suggestive of significant internal derangement. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the knees had been tried and failed. Therefore, this request for an MRI of the left knee is not medically necessary.

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI'S (Magnetic Resonance Imaging).

Decision rationale: Under consideration is a request for an MRI of the right knee. The MTUS do not provide recommendations for knee imaging for chronic conditions. The Official Disability Guidelines indicate that MRI is recommended for non-traumatic knee pain that is not localized if initial radiographs are normal, additional studies are indicated, and internal derangement is suspected. Guideline criteria have not been met. This patient presents with radiographic findings of bilateral knee medial joint space narrowing, worse on the left. There are limited current findings suggestive of significant internal derangement. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the knees had been tried and failed. Therefore, this request for an MRI of the right knee is not medically necessary.