MAXIMUS Federal Services

Case Number:	CM13-0042952		
Date Assigned:	06/09/2014	Date of Injury:	05/01/2013
Decision Date:	07/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old male with a 5/1/13 date of injury and status post right knee surgery x3 (undated). At the time (9/25/13) of request for authorization for repeat MRI right knee, there is documentation of subjective (right anterior knee pain rated as a 7 out of 10) and objective (suprapatellar swelling of the right knee, mild right quadriceps atrophy, decreased right knee range of motion, diffuse tenderness to palpation over the right anterior knee, and positive McMurray's test of the right knee) findings, imaging findings (MRI of the right knee (5/15/13) report revealed abnormal signal and morphology of the root of the anterior horn of the medial meniscus, may be postsurgical in etiology versus a tear; mild to moderate chondromalacia of the patellofemoral joint; mild chondromalacia of the medial and lateral compartments of the knee; moderate sized joint effusion; faint bone marrow edema of the patella, suspicious for bone contusions; and lateral amount of prepatellar subcutaneous soft tissue edema), current diagnoses (right knee pain with possible internal derangement and history of three prior right knee surgeries), and treatment to date (medications, steroid injections, right knee surgery, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee and Leg Chapter, Indications for imaging MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of right knee pain with possible internal derangement and history of three prior right knee surgeries. In addition, there is documentation of a previous right knee MRI performed on 5/15/13. However, despite documentation of subjective (right anterior knee pain rated as a 7 out of 10) and objective (suprapatellar swelling of the right knee, mild right quadriceps atrophy, decreased right knee range of motion, diffuse tenderness to palpation over the right anterior knee, and positive McMurray's test of the right knee) findings, and given documentation of a recent MRI of the right knee, there is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for repeat MRI right knee is not medically necessary.