

Case Number:	CM13-0046167		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2010
Decision Date:	04/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine, and is licensed to practice in District of Columbia and Virginia. 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 is a 43 year old woman who sustained injury on June 4 2010 to her left knee. She was found to have a left knee posterior cruciate ligament tear. She had surgical repair following this injury in 2010 but this did not relieve her pain. In Aug 2011, the patient had another surgery and still had ongoing pain in the knee radiating to the foot and ankle, per ██████ in his notation on Aug 17 2013. ██████ saw the patient for left knee pain and recommended surgery. Patient had MR of the Left knee on Jan 8 2013, which showed mild tendinitis of the quadriceps ligament, and MR of the left foot on Jan 8 2013, which showed mild tendinitis of the medial collateral ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG, MRI'S(MAGNETIC RESONANCE IMAGING)

Decision rationale: Per ODG guidelines, the recommendations are indicated as: soft tissue injuries(meniscal,chondral and ligamentous disruption) are best evaluated by MRI. Diagnostic performance of MR imaging of the menisci and cruciate ligaments of the knee is different according to lesion type and is influenced by various study design characteristics. Higher magnetic field strength modestly improves diagnostic performance, but a significant effect was demonstrated only for anterior cruciate ligament tears(Pavlov 2000)(Oei, 2003). Indications for imaging--MRI(magnetic resonance imaging):-Acute trauma to the knee, including significant trauma(eg motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. -Nontraumatic knee pain, child or adult. Patellofemoral(anterior)symptoms. Initial anteroposterior, lateral and axial radiographs nondiagnostic(demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. - Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic(demonstrat normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Repeat MRIs:Post surgical if need to assess knee cartilage repair tissue.(Ramappa 2007). Routine use of MRI for follow up of asymptomatic patients following knee arthroplasty is not recommended(Weissman 2011). This patient had ongoing pain despite 2 surgical interventions noted in the clinical documentation. The initial MRI report is not available nor are any of the operative reports. From the clinical documentation provided, it is not clear that the patient failed interventions provided in the interim time period. Therefore, a repeat MRI is not indicated.