

Case Number:	CM13-0046237		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2010
Decision Date:	04/28/2014	UR Denial Date:	10/23/2013
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 Physical Medicine and Rehabilitation 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:

The patient is a 43 year old female who was injured on 06/04/2010 while she was walking to her supervisor's desk when she tripped over a dog and fell onto her hands and knees. She experienced immediate pain in bilateral knees and left foot. Diagnostic studies reviewed include an MRI of the left knee performed on 01/08/2013 with the following impression: 1. Grade III abnormality at the posterior horn of the medial meniscus representing an "oblique tear". 2. Tear of the posterior fibrils of the posterior cruciate ligament. Suggest confirmation with a 16° sagittal acquisition. 3. Mild tendinitis of the quadriceps ligament. PR dated 10/08/2013 documented the patient to have complaints of pain that is now more of a burning type that radiates down into the leg. Objective findings on exam reveal medial joint line pain. PR-2 dated 10/10/2013 documented the patient with complaints of left knee and left foot pain rated at 6/10. Objective findings on exam revealed the left knee was tender to palpation at the medial and posterior joint line. The left foot was tender to palpation in the plantar fascia with decreased sensation in 90% of the left foot. McMurray's test was positive at the lateral meniscus. Lumbar spine x-ray was positive for discogenic spondylosis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE CHAPTER, ONLINE EDITION .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 1013-1014, 1019, 1022.

Decision rationale: According to the CA MTUS guidelines, MRI is recommended if there is surgical intervention considered as an option of treatment, however, there are no clear criteria for repeating image studies. According to ODG, repeat MRI is recommended in post-surgical intervention if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended, but may be appropriate for pain after TKA with a negative radiograph for loosening and low probability of infection. The medical records document the patient had a previous MRI study of the left knee; tear of the posterior horn of medial meniscus with tear in the PCL. There is no documentation in the records of the type of surgery the patient underwent in 2010 and 2011. The records only document a diagnosis of left knee PCL tear status post surgery. Based on the records available, the request for a repeat MRI does not meet the guidelines for medical necessity.