

Case Number:	CM13-0049534		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2012
Decision Date:	02/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 53-year-old male with date of injury of 11/02/2012. The treating physician's report 09/05/2013, the patient still has some right knee pain, has difficulty standing, kneeling, and really did not get better from all the Orthovisc injections. The patient is only able to walk up to 15 minutes and starting to have pain with stairs as well, unable to return to work. Examination found negative McMurray's, mild patellofemoral crepitus and a negative grind, lateral joint tenderness. X-ray showed mild medial joint space narrowing. He listed diagnoses of status post right knee arthroscopy and meniscectomy with some early posttraumatic arthritis which has not failed arthroscopy as well as visco supplementation. The treatment recommendation was for MRIs of the bilateral knees, both scan through dynamically evaluate him for worst arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with persistent right knee pain despite arthroscopic and meniscectomy surgery and of visco supplementation injections. The request for MRI of the right knee was denied by utilization review letter dated September 2013. The rationale was that it was unclear whether there has been a significant clinical change, deterioration or new trauma since the arthroscopy and prior MRI. The ACOEM Guidelines has been following regarding the special studies on page 341 and 342 "Special studies are not needed to evaluate most knee complaints after a period of conservative care and observation." Unfortunately, ACOEM Guidelines address acute and sub acute pains of knee problems. For more thorough discussion regarding knee MRI for all conditions, ODG Guidelines are reviewed. For indications of the MRI report non-traumatic knee pain, anterior knee symptoms that require, along with nondiagnostic x-rays and significant internal derangement is suspected. It also recommends that an MRI for non-localized pain for non-traumatic knee in an adult and again if internal derangement is suspected in this patient. The patient recently underwent arthroscopic meniscectomy. The patient already had an MRI prior to arthroscopy. Arthroscopic surgery is also diagnostic in that the surgery is able to visualize the internal arrangement of the knee joint. The request for an updated MRI of the right knee appears to have been based on patient's persistent pain. The examination findings did not show evidence of significant change such as an internal derangement. There has been no new injury, no changes in this patient's symptoms. The patient does have significant arthritis which is likely the reason for patient's persistent pain. The patient does not need a reason to obtain an updated MRI of the right knee. Recommendation is for denial.