

Case Number:	CM13-0054630		
Date Assigned:	03/24/2014	Date of Injury:	09/03/1999
Decision Date:	06/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Orthopedic 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 patient is a 48-year-old female who sustained an industrial injury on 9/3/1999 when her left knee was struck by a gurney. She underwent a left knee arthroscopy in 2000. The 3/18/10 left knee MRI documented findings suspicious for a tear involving the anterior horn remnant of the medial meniscus, medial joint compartment osteoarthritis, focal osteonecrosis involving the posterior articular surface of the lateral femoral condyle, small joint effusion, advanced chondromalacia patella, 12 mm non-specific soft tissue nodular focus immediately lateral to the popliteal artery and vein, pes anserine bursitis, and slight peripheral subluxation of the medial meniscus. The 10/17/13 treating physician report cited increased bilateral knee pain over the past four (4) months, left worse than right, with increased locking, popping, stiffness, and spasms of the knee stabilizing muscles. Pain was exacerbated going up stairs and lying down; it was relieved with walking. The left knee physical exam findings documented tenderness over the medial and lateral joint lines, patella, patellar tendon, and per anserine bursa, with slight trace effusion. The left knee range of motion was 5-90 degrees. There was 2/5 weakness in the knee flexion/extension, positive McMurray's and patellar compression tests, and laxity to varus/valgus stress. The treatment plan recommended anti-inflammatory medication and physical therapy. An MRI was recommended to assess for cartilage tears, ligamentous damage, and degenerative joint disease. The 11/12/13 utilization review denied the request for a repeat left knee MRI, citing the patient had not had recent physical therapy. The 2/12/14 treating physician report documented that the patient was in physical therapy with improvement in knee flexion/extension strength to 3/5 and range of motion to 5-100 degrees. The patient continued to have sharp grade 6-8/10 left knee pain with worsening popping, locking and giving way, and positive instability signs on clinical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI FOR THE LEFT KNEE: Overturned

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

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

Decision rationale: The Official Disability Guidelines recommend a repeat MRI of the knee post-surgically if needed to assess knee cartilage tissue repair. The guideline criteria have been met. This patient is status post remote left knee surgery with MRI findings in 2010 suspicious for meniscal tear and significant degenerative changes. Mechanical symptoms are reported as worsening with clinical exam findings of instability. Physical therapy has failed to improve mechanical signs or instability. Therefore, this request for repeat left knee MRI is medically necessary.