

Case Number:	CM13-0056385		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2007
Decision Date:	05/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/22/2013

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:

The claimant is a 57-year-old who injured his bilateral knees on June 28, 2011. Specific request in this case is in regards to the claimant's right knee. Available for review is a prior MRI report of October 4, 2012 to the right knee that showed grade IV chondral change to the medial compartment, a small joint effusion, patellofemoral arthrosis and postoperative changes consistent with prior meniscectomy. Recent clinical records for review included a June 24, 2013 follow up indicating bilateral knee complaints for which the right knee was with a diagnosis of degenerative arthrosis. It indicates that the claimant is wishing to proceed with total joint arthroplasty at that time. He states that he has failed conservative care. Recent plain film radiographs performed under fluoroscopy showed advanced degenerative medial compartment disease. Absence of documentation of physical exam findings or change in the claimant's symptoms, there is a recent request for a preoperative MRI scan of the right knee to "further assess osteoarthritis" prior to proceeding with joint replacement procedures. Formal request in this case for a right knee MRI scan is being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT 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 & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Procedure Chapter, MRI's Section

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines states, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Routine repeating of MRI scans is not commonly indicated. In this instance, the claimant's diagnosis is clearly well established with a prior MRI scan demonstrating endstage degenerative arthrosis that is confirmed by recent plain film radiographs. Without documentation of specific indication, there would be no apparent need for further MRI scan and based on this claimant's current clinical picture. The request for an MRI of the right knee is not medically necessary or appropriate.