

Case Number:	CM13-0060138		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2000
Decision Date:	05/15/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 injured worker is a 48 year-old male who reported an injury on 11/27/2000. The injury reported was a popping in the injured worker's knees when he got out of his delivery truck. Clinical note dated 08/19/2013 indicated the injured worker reported continuous bilateral knee pain, greater in the left than the right. Physical exam as documented by the physician was noted bilateral knees were positive for catching, positive for locking, positive for medial McMurray's, positive for effusion, medial joint pain, and positive bounce test. History of surgeries for the injured worker includes bilateral knee arthroscopies and bilateral rotator cuff repairs. Medications listed for 07/09/2013 clinical visit included hydrochlorothiazide, Norco, metformin, and pravastatin. Clinical note dated 10/22/2013, the injured worker continued with pain complaints to bilateral knees. Physical examination noted that the left knee was positive to joint line pain, pain with weight bearing and range of motion noted, swelling. The right knee was noted to have positive joint line pain, with limited range of motion, pain with flexion and extension, positive for swelling and pain with weight bearing. The Request for Authorization for medical treatment, [REDACTED] Form RFA dated 10/23/2013 listed a diagnosis of bilateral knee degenerative joint disease, procedure requested MRI bilateral knees to evaluate joint space and rule out meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, MRI's (Magnetic Resonance Imaging), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The decision for the MRI of bilateral knees is non-certified. The California MTUS state that special studies are not needed to evaluate most complaints of knee pain until there has been a period of conservative care and observation documented. The criteria for the clinical parameters for a special diagnosis, The Official Disability Guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation provided for review for the injured worker dated 10/22/2013 did not contain information regarding recent conservative care, any suggestions of significant pathology or any significant changes in symptoms for the injured worker. Therefore, the request for the MRI does not meet the guidelines set forth by the Official Disability Guidelines. The request for the MRI of bilateral knees is non-certified.