

Case Number:	CM13-0062092		
Date Assigned:	03/03/2014	Date of Injury:	11/28/2012
Decision Date:	05/26/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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 59 year old male who was injured on 11/29/2012. The patient had a slip and fall at work and injured his left knee. He reported left knee pain. Prior treatment history has included a left knee arthroscopically-assisted anterior cruciate ligament reconstruction with autologous hamstring graft; partial medial and lateral meniscectomy; and chondroplasty of the trochlea and medial compartment on 07/22/2013. He underwent an open debridement of the left anteromedial proximal tibial incisional infection and left knee arthroscopy with irrigation and debridement on 09/05/2013. The patient's medications as of 07/22/2013 include Valium 5 mg, Lisinopril 10 mg and Diazepam 5 mg. The patient's medications as of 11/12/2013 include Diazepam 5 mg and Lisinopril 10 mg. Diagnostic studies reviewed include X-rays of the left knee dated 11/12/2013 appeared to stable with postoperative changes. PR2 dated 11/19/2013 indicated the patient presented with pain which remained the same but felt stronger. Objective findings on exam revealed increased strength in range of motion. The patient was instructed to continue physical therapy and MRI still needed to be performed. Industrial report dated 11/12/2013 stated the patient was having a lot of pain in his knee. He stated that his knee was better than it was before the first surgery, but he was having pain. On exam, he had tenderness to palpation. He did not really seem to have an effusion. He had a positive Lachman and a positive pivot shift. He had some arthritis with an ACL deficient knee. The question at this time was whether or not he had an ongoing infection of any sort, but given the fact that he was really not improving, a CRP, sed rate, and a CBC needed to be obtained to get a feel for whether he was infected. If those results were all normal, then it was unlikely that he had any kind of ongoing infection. A MRI was needed to assess the status of his knee, as he was highly symptomatic and he may basically have had problems with this knee, or maybe needed a knee replacement down the line. The patient did not want to do revision, ACL reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter - Knee & Leg (Acute and Chronic).

Decision rationale: ODG states "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." This patient appears to have had an infection post-operatively. Assessment with MRI is therefore medically necessary post surgery and an appropriate deviation from the guidelines.