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| Case Number: | CM13-0063373 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/25/2011 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, hip, ankle, and low back pain reportedly associated with an industrial injury of November 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a knee corticosteroid injection; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of acupuncture over the life of the claim; and work restrictions. It does not appear that the applicant is in fact working, however. A November 8, 2013 knee MRI was notable for tricompartmental degenerative changes of the knee with evidence of chondromalacia patella. In a Utilization Review Report of November 26, 2013, the claims administrator retrospectively denied a knee MRI, stating that the applicant had likely obtained a knee MRI elsewhere and that the treating provider should have obtained the result of the same. On November 8, 2013, the applicant again presented with persistent knee pain, low back pain, hip pain, and ankle pain. The applicant's knee pain was increased by walking, standing, and sitting. The applicant did exhibit an antalgic gait and exhibited positive McMurray and drawer signs, it was suggested by the applicant's primary treating provider. MRI imaging of the knee demonstrated tricompartmental degenerative joint disease. A rather proscriptive 10-pound lifting limitation was again endorsed. On October 10, 2013, the applicant's primary treating provider stated that attempts should be made to obtain the applicant's earlier knee MRI imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004) , CHAPTER 13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004) , CHAPTER 13), TABLE 13-2, PAGE 335; and the ACOEM PRACTICE GUIDELINES, 3RD EDITION, KNEE CHAPTER, DIAGNOSTIC TESTING.

Decision rationale: As noted in the MTUS-adopted Guidelines in Chapter 13, Table 13-2, MRI imaging can be endorsed to confirm a diagnosis of meniscal tear, collateral ligament tear, anterior cruciate ligament tear, and/or posterior cruciate ligament tear in applicants who are actively considering or contemplating a surgical remedy based on the outcome of the test in question. In this case, however, there was no clear mention that the employee was actively considering or contemplating knee surgery based on the outcome of the knee MRI. It was not clearly stated how or if knee MRI imaging would influence the treatment plan. It is further noted that the Third Edition ACOEM Guidelines Knee Chapter notes that MRI imaging is not recommended for routine evaluation of chronic knee joint pathology, including degenerative joint disease, the issue present here. Ultimately, the contested MRI in question was performed on November 8, 2013. The study in question demonstrated knee arthritis, which is not, according to the Third Edition ACOEM Guidelines, a diagnosis which requires MRI imaging to uncover. Therefore, the request is not medically necessary, for all of the stated reasons, including the unfavorable ACOEM recommendations and the fact that the MRI study in question did not influence or alter the treatment plan in any appreciable way.