

Case Number:	CM13-0063464		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2010
Decision Date:	04/25/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	12/10/2013

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 46-year-old claimant has a date of injury of 3/9/10. She has been treated for bilateral knee pain status post left knee surgery. She continues to have symptoms related to the right knee. ■■■■■ note of 9/25/12 documents an examination consistent with a patellofemoral cartilage problem. This note documents that an MRI was performed previously which demonstrated a defect in the patellar cartilage. At that juncture, arthroscopy was discussed. The claimant was advised to think about surgery and continue her home exercise program. The next note provided is dated 7/9/13 by ■■■■■. In that note, there are documented continued complaints of right knee pain. There is documentation that the patellofemoral joint has pain and the medial joint line has pain. A right knee MRI was requested.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates; Chapter Knee and Leg; MRI.

Decision rationale: A repeat MRI of the right knee would not be considered medically necessary and appropriate in this case based upon the Official Disability Guidelines. California ACOEM Guidelines and MTUS Guidelines do not adequately address this issue. If one looks toward the Official Disability Guidelines knee chapter section on MRIs, repeat MRI is recommended post-surgically if there is a need to assess knee cartilage repair or tissue. A repeat MRI would be recommended if there were a change in the symptoms or examination findings. In this case, this claimant has continued to display symptoms of cartilage damage within the patellofemoral joint. As there is no change to the examination or symptoms, there is no need to assess knee cartilage repair or tissue, and a repeat MRI of the claimant's right knee cannot be certified.