

Case Number:	CM13-0067127		
Date Assigned:	01/03/2014	Date of Injury:	10/07/2011
Decision Date:	06/19/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 56-year-old who injured his low back and left knee in a work related accident on 10/07/11. The records provided for review include an operative report dated 06/12/13 for a left knee arthroscopy, partial medial meniscectomy, partial lateral meniscectomy, and debridement of medial femoral condyle and patella. A second surgery occurred on 08/07/13 for repeat arthroscopy with extensive debridement, revision partial medial and lateral meniscectomies. Follow up report of 11/01/13 documented the potential need for total joint arthroplasty of the left knee based on failed conservative care and the diagnosis of posttraumatic arthrosis. Subjectively there were continued complaints of swelling, pain and restricted range of motion. The treating provider indicated the claimant is now status post three arthroscopic procedures, viscosupplementation and corticosteroid procedures, and has advanced degenerative arthrosis. The recommendation was made for a repeat MRI scan of the left knee.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Chapter 13, 1021-1022

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341, 343.

Decision rationale: Based on Knee Complaints Chapter ACOEM Guidelines, an MRI of the knee in this case would not be supported. This individual has a current diagnosis of advanced posttraumatic osteoarthritis for which he has undergone numerous prior injections and arthroscopic procedures. There is no documentation that the claimant has experienced a new injury that would require evaluation by imaging per ACOEM Guidelines. Joint arthroplasty was being recommended at the last clinical assessment. This individual's diagnosis of endstage arthritis has been well established. At present, there would be no acute indication for an MRI in absence of documentation of an acute changes in condition or indication how MRI would change the claimant's current course of care or treatment plan. The specific request is not medically necessary.