

Case Number:	CM13-0067797		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2003
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Pain 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 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 04/17/2003 when he slipped on transmission fluid and dislocated his patella and tore the medial meniscus. Prior treatment history has included a course of physical therapy, IT band injection, ESI, and oral steroids. He has had 4 surgeries on the left, including a left TKA. Diagnostic studies reviewed include MRI of the right knee performed on 08/01/2013 revealed an interstitial tear within the distal quadriceps tendon, chondromalacia patella along the medial patellar facet, and edema. A large joint effusion is identified as a Baker's cyst and subchondral edema. Electrodiagnostic studies noted changes consistent with a lumbar radiculopathy. X-rays AP, lateral and Merchant views of the left knee show a left TKA with no evidence of loosening. The right knee has minimal arthritis. PR2 dated 12/04/2013 documented the patient to have complaints of intermittent severe sharp pain in the right groin worse with certain motions. He uses a cane due to right knee pain. He had mild to moderate full right knee pain, worse with walking. It grinds and catches, locks, and pops. He had severe sharp pain in the right buttock to calf to foot. There was no dependant or traumatic edema. The left knee has motion from 0-120, stable. On neurological foot examination, sensation is subjectively normal to light stroke testing. The left knee has continued left knee pain that is worse with compensation. He has a great deal of pain and patellofemoral maltracking on clinical observation. Please approve a left knee MRI to rule out plica syndrome. PR2 dated 11/20/2013 is unchanged from note 11/01/2013. PR2 dated 11/01/2013 2013 indicated the patient's left knee has motion from 0-120, stable. The note did indicate that the patient's left knee is worsening. He has an old TKA on that side. A second request for approval for a CT of the left knee is given. He has elements of maltracking on exam and x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE TO RULE OUT PLICA SYNDROME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-335. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's (magnetic resonance imaging)

Decision rationale: The medical records provided do not show clearly stated evidence of failure of conservative means in the treatment of the left knee complaint. According to the medical literature, a definitive diagnosis of medial plica irritation is usually obtained by physical exam. However, objective findings clearly indicative of plica syndrome are not demonstrated, nevertheless MR imaging is not warranted for this diagnosis. Furthermore, patients will typically respond well to non-operative care, consisting of quadriceps strengthening with concurrent hamstring stretching, and if not responsive, an intraarticular steroid injection may be considered. The patient's ROM has remained stable, X-rays demonstrated intact hardware, and neurological examination is normal as well. The medical records do not demonstrate clinical findings present on examination that establish medical necessity for proceeding with MRI study of the left knee. Therefore the request is not medically necessary.