MAXIMUS Federal Services

Case Number:	CM13-0067932		
Date Assigned:	01/03/2014	Date of Injury:	09/12/2009
Decision Date:	05/23/2014	UR Denial Date:	12/13/2013
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 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:

lost his balance and fell backwards hooking up a trailer tongue to his truck, twisting his left knee. He is status post left knee arthroscopic meniscectomy on 11/23/09 and left knee arthroscopic meniscectomy, chondroplasty, debridement and plica excision on 11/2/10. The 9/25/12 left knee MRI documented increased chondromalacia since prior study on 8/11/11 over the weight bearing surface of the medial femoral condyle and medial facet of the patella. The patient underwent right knee unicompartmental arthroplasty on 7/17/13. The 12/3/13 AP report cited significant left knee pain interfering in most activities. Functional difficulty was noted in ambulation, donning/doffing shoes/socks, climbing stairs, and walking on uneven ground. Conservative treatment has included 3 cortisone injections, 2 viscosupplementation series, and 2 arthroscopic surgeries. He has recovered well from his right total knee with good pain relief. Left knee exam findings documented limp favoring the left side, slight valgus alignment, not quite full extension, medial joint and proximal tibia tenderness, and stable ligaments. X-rays documented mild medial joint space narrowing and mild subchondral sclerosis consistent with early degenerative joint disease. The provider reported that the patient wished to proceed with left total knee arthroplasty, and was encouraged to wait a little longer. The 12/13/13 utilization review recommended denial of the MRI of lower extremity joint for pre-operative purposes as the surgery was not recommended. The provider subsequently resubmitted a request for a standard total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Custom Fit Total Knee (CFTK) Replacement

Decision rationale: Under consideration is a request for MRI of the joint of lower extremity without dye. The California MTUS guidelines do not provide recommendations for MRIs in chronic knee injuries. The Official Disability Guidelines address the use of MRI prior to custom fit knee replacement, indicating that this procedure is under study, awaiting higher quality trials. Outcome differences regarding pain reduction and functionality improvement haven't been documented to be significantly different with or without a pre-arthroplasty MRI. Guidelines criteria have not been met. There is no compelling reason to support the medical necessity of this MRI relative to the current surgical request. Therefore, this request for MRI of the joint of lower extremity without dye is not medically necessary.