MAXIMUS Federal Services

Case Number:	CM14-0002434		
Date Assigned:	01/24/2014	Date of Injury:	03/09/2010
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/07/2014

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 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 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 54-year-old male who has submitted a claim for left knee internal derangement status post medial meniscectomy, partial and extensive synovectomy, and mild osteoarthritis of the medial and patellofemoral joint compartments associated with an industrial injury date of March 9, 2010. Medical records from 2008-2014 were reviewed, the latest of which (February 10, 2014) revealed that the patient complains of left knee pain that has been present for 5 months. The pain is exacerbated by activity and occurs intermittently. The pain is described as aching, chronic, clicking, locking, and associated with gait instability, joint swelling and limping. The patient is being treated with a brace, which partially alleviates symptoms. His knee locks frequently and gives way several times a week. On physical examination, the patient has an antalgic gait. There is limitation in range of motion of the left knee with flexion to approximately 135 degrees and extension to approximately 0 degree. There is noted effusion and lateral joint line tenderness in the left knee. An MRI of the left knee done on February 15, 2011 revealed arthrofibrosis in the anterior aspect of the Hoffa's fat pad compatible with prior arthroscopy, truncation of body of medial meniscus compatible with prior partial meniscectomy, radial tear of posterior horn of medial meniscus at junction with posterior root ligament, high grade cartilage loss overlying medial femoral condyle with a full thickness cartilage fissure in the medial tibial plateau; chronic appearing injury involving the ACL and PCL without focal tear, 1cm intra-articular body in the posterior aspect of the intercondylar notch, moderate to high grade cartilage loss, and cartilage flap in the medial ridge of patella and medial patellar facet. Left knee x-ray done on November 6, 2013 revealed moderate degenerative changes in the medial and patellofemoral compartments. Treatment to date has included left knee arthroscopic partial medial and lateral meniscectomy, chondroplasty patella and removal of loose body (10/14/10), left knee arthroscopic partial medial meniscectomy and extensive synovectomy (3/31/11),

cortisone injections, Synvisc injections, neuromuscular electrical stimulation, physical therapy, knee brace, and medications which include Motrin, Glucosamine, Vicodin, and Aleve.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE MAGNETIC RESONANCE IMAGING (MRI) QUANTITY 1:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): ALGORITHM 13-1.

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, the Official Disability Guidelines criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation, nontraumatic knee pain, and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, an MRI of the left knee was requested prior to arthroscopic loose body removal. A left knee x-ray done on November 6, 2013 revealed moderate degenerative changes in the medial and patellofemoral compartments. There was no mention of loose body. In the most recent clinical evaluation, the patient still complains of left knee pain with limited motion, effusion, and tenderness upon physical exam. However, there is no documentation of new injury or trauma to the knee. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. As such, the request is not medically necessary.