

Case Number:	CM14-0002477		
Date Assigned:	01/24/2014	Date of Injury:	11/07/2012
Decision Date:	06/23/2014	UR Denial Date:	12/03/2013
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 52-year-old female who has submitted a claim for sprain of left knee and leg, multiple joint pain, and internal derangement of the left knee associated with an industrial injury date of November 7, 2012. Medical records from 2012-2014 were reviewed, the latest of which dated January 22, 2014 revealed that the patient continues to have pain of her knee and right elbow. Pain is rated 5/10. Current medications afford less than half decrease in the symptoms. She denies any new related complains. On physical examination, there is noted mild swelling of the right knee compared to the left. There is limitation in range of motion of the bilateral knees with flexion and right hip girdle due to pain and tightness. There is point tenderness of the sacroiliac joint and gluteal area reproducing pain in the low back on the right. Muscle strength was decreased with 4/5 in bilateral knee flexors and extensors. Left knee x-ray done last November 7, 2012 revealed negative results. Left knee x-ray done last April 15, 2013 revealed some scant lateral tilt of the patella on the sunrise view with films overall unremarkable. MRI of the right knee done last March 7, 2013 revealed sprain versus tear of the ACL; minimal tendinosis in the distal quadriceps and distal patellar tendon and minimal joint effusion. Treatment to date has included bilateral knee cortisone injection, physical therapy, acupuncture, knee brace, and medications which include Terocin cream, Flexeril, Voltaren Gel, tramadol and acetaminophen. Utilization review from December 3, 2013 denied the requests for MRI of the LEFT KNEE and MRI of the RIGHT KNEE because there is no mention of mechanical symptoms and no documentation of re-injury to the knees; there are no red flags.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, KNEE, 330

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): ALGORITHM 13-1. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, MRI

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, 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, ODG 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, MRI of the left knee was requested due to increasing symptoms of pain. A left knee x-ray done last April 15, 2013 revealed some scant lateral tilt of the patella on the sunrise view, otherwise unremarkable. In the most recent clinical evaluation, patient continues to have pain of her knees, rated 5/10. Current medications afford less than half decrease of symptoms. She denies any new related complains. On physical examination, there is limited motion, and weakness of the left knee. However, there is no documentation of new injury or trauma to the left knee. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Therefore, the request for MRI of the left knee is not medically necessary.

MRI RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, KNEE, 330

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): ALGORITHM 13-1. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, MRI

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, 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, ODG 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, MRI of the right knee was requested due to increasing symptoms of pain. MRI of the right knee done last March 7, 2013 revealed sprain versus tear of the ACL; minimal tendinosis in the distal quadriceps and distal patellar tendon and minimal joint effusion. In the most recent clinical evaluation, patient continues to have pain of her knees, rated 5/10. Current medications afford less than half decrease of symptoms. She denies any new related complains.

On physical examination, there is noted mild swelling, limitation of motion, and weakness. However, there is no documentation of new injury or trauma to the right knee. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Therefore, the request for MRI of the right knee is not medically necessary.