MAXIMUS Federal Services

Case Number:	CM14-0003626		
Date Assigned:	01/31/2014	Date of Injury:	08/27/1999
Decision Date:	06/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 an employee of [redacted] and has submitted a claim for bilateral knee pain associated with an industrial injury date of August 27, 1999. The treatment to date has included medications, physical therapy, home exercise program, and right total knee arthroplasty and revision. The medical records from 2013 were reviewed, which showed that the patient complained of bilateral knee pain, 7/10. On physical examination of the left knee, effusion was noted and apprehension sign was positive. Joint line tenderness was provoked and McMurray test was positive. Thigh atrophy was present and gait was antalgic and slowed. The utilization review from December 30, 2013 denied the request for MRI bilateral knees. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to CA MTUS 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, and to determine extent of ACL tear

preoperatively. In this case, MRI of bilateral knees was requested because of increasing pain in the right knee. However, the latest visit note did not show physical exam findings of the right knee. Instead, the medical note revealed findings of instability and effusion on the left knee. Although an MRI of the left knee may be warranted due to findings of instability and effusion, there is no clear indication for an MRI of the right knee at this time. Therefore, the request for MRI of the bilateral knees is not medically necessary.