

Case Number:	CM14-0004171		
Date Assigned:	02/03/2014	Date of Injury:	01/21/2010
Decision Date:	06/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 65 year old female patient who sustained an injury on 1/21/10 while she was standing curbside and she twisted her right knee. She underwent multiple surgeries to the right knee including medial meniscus surgery on 6/10/2010, total knee replacement on 5/31/11. Other treatments had consisted of medication, physical therapy, massage therapy, acupuncture, cortisone injection, activity restriction and e-stim. On a 12/1/2013 office visit, she complained of right knee pain, low back pain that radiated down to the right leg and left knee, ankle pain. The pain was rated 1-6/10. Medication provided 95% pain relief. She was recently prescribed Mobic and Skelaxin. It was indicated that her left knee pain was getting more frequent. Physical exam revealed left knee medial and lateral tenderness. Positive crepitus and limited range of motion. There is documentation of previous adverse determination on 12/30/2013 because the patient has had 2 prior MRI's in 2010. There was also no indication of the necessity for repeat MRI.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter , Knee MRI.

Decision rationale: California MTUS recommends MRI 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 non-diagnostic or suggesting internal derangement. The patient presented with initial right knee, lower back and left knee pain. She took medication, physical therapy, which improved her condition with pain in right knee, lower back. She indicated her left knee pain became more frequent. However, there are no plain x-rays of the left knee. Despite reported previous left knee MRI's; it appears that the patient has actually never had these MRI's. Clarification is required. Lastly, recent physical exam findings did not suggest mechanical symptoms. Therefore, the request for MRI left knee is not medically necessary.