

Case Number:	CM14-0004422		
Date Assigned:	02/05/2014	Date of Injury:	01/27/2000
Decision Date:	07/07/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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:

Patient is a 52-year-old male who has submitted a claim for fibromyalgia, severe avascular necrosis in multiple joints, major depressive disorder, and narcotic dependency associated with an industrial injury date of 01/27/2000. Medical records from 2013 were reviewed. Patient had severe avascular necrosis of bilateral hips and shoulders associated with long-term IV steroid use for a spinal cord injury. This likewise affected the elbow, wrist, knee, and ankles resulting to pain. Pain at multiple body parts resulted to difficulty in doing self-care, hand activities, and other activities of daily living. Physical examination of the knees revealed muscle spasm, instability with good range of motion. Effusion was not evident. Neurovascular exam was intact. Patient is pending for orthopedic consult on possible bilateral knee replacement. X-ray of bilateral knees, dated 9/17/2013, was unremarkable. MRI of the left knee, dated 6/29/2011, revealed abnormal bone marrow signal intensity within medial and lateral femoral condyles highly suspicious for bone infarcts; Baker's cyst. MRI of the right knee, dated 06/29/2011, revealed probable infarct involving medial and lateral femoral condyles. Bone scan, undated, revealed increased activity around multiple joint except shoulder and hips due to total joint replacement. Treatment to date has included bilateral hip replacement, bilateral shoulder replacement, and medications such as vitamin D replacement, OxyContin, Oxycodone, and Nexium. Utilization review from 12/11/2013 denied the request for MRI of bilateral knees without contrast because the recent progress reports failed to indicate knee pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF BILATERAL KNEES WITHOUT CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Imaging--Magnetic Resonance Imaging (MRI).

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

Decision rationale: CA MTUS ACOEM Practice Guidelines Knee Chapter recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, and clear signs of a bucket handle tear. In absence of red flags, diagnostic testing is not generally helpful. In this case, patient has bilateral knee pain with an impression of avascular necrosis. He has a history of long-term IV steroid use for spinal cord injury. It resulted to avascular necrosis of bilateral hips and shoulders, and subsequently total joint replacement was executed. Patient is a surgical candidate for total knee joint replacement at present. X-ray of bilateral knees, dated 9/17/2013, was unremarkable. Patient underwent previous MRI of both knees in 2011 revealing probable bone infarct. The documented rationale for a repeat MRI is to evaluate bone marrow due to persistence of pain. The medical necessity has been established. Therefore, the request for MRI of bilateral knees without contrast is medically necessary.