

Case Number:	CM14-0007165		
Date Assigned:	02/07/2014	Date of Injury:	02/22/2011
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/20/2014

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 56 year old male who was injured on 02/22/2011 when he lifted a heavy lid. The patient underwent a L4-5 fusion in May 2011. Prior treatment history has included 24 weeks of postop physical therapy. A PR2 dated 12/20/2013 indicates the patient continues to have muscular spasms in the right posterior calf and lower back which is relieved with Robaxin. He reports he takes 2 Aleve once a day. He continues to have relief of his pain and symptoms from his hardware block on 07/19/2013. The patient wishes to have the hardware removed. Physical findings reveal standing range of motion is 60 degrees; seated straight leg raise on the right is 60-70 degrees and on the left is 90 degrees. He is not able to right heel walk; however, he is able to lift up and extend his right toes. Toe walking is diminished on the right. He has a normal gait and tandem. His motor exam shows 4/5, 40-60% of normal in the right ankle inversion, eversion, and 3/5 with right EHL. The assessment is status post L4-L5 global fusion with right lower extremity weakness, retained hardware, now with resolving hardware pain, congenital L5-S1 fusion and left knee arthropathy-consultation and evaluation pending; levoscoliosis and L1-2 retrolisthesis. A CT scan is requested of the lumbar spine to assess the fusion mass and an orthopedic consultation for the left knee pain as surgery for a L4-L5 re-exploration and hardware removal was denied on 11/14/2013. A QME report dated 06/06/2013 states the patient's left knee has been hurting. He is diagnosed with osteoarthritis and has received 1 steroid injection. X-rays were done about a year ago and he was told that he did not have any cartilage left. He received 1 cortisone injection, which offered relief for 3-4 months. His knee also pops and that did not change with the injection. He reports popping and locking occurs with deep knee bending and when he gets up from a sitting position. [REDACTED] attributes his knee problems to his weakness of the right leg. He has not had any treatment for his knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE 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, CHAPTER 13 KNEE COMPLAINTS, 343

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-143. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI's

Decision rationale: According to the ACOEM Guidelines and the ODG, soft tissue injuries of the knee such as meniscal, chondral surface, and ligamentous injuries are best evaluated by MRI. In patients with non acute knee symptoms who are highly suspected clinically of having intraarticular knee abnormality, magnetic resonance imaging should be performed to exclude the need for arthroscopy. In most cases, diagnosing osteoarthritis with an MRI is both unnecessary and costly. A knee MRI may be indicated for non-traumatic knee pain where radiographs demonstrate evidence of internal derangement or radiographs are non-diagnostic and internal derangement is suspected. This is a request for a left knee MRI for a 56 year old with chronic left knee pain attributed to gait disturbance from compensation for a 2/22/11 low back injury with right foot drop. On a 6/6/13 panel QME reevaluation, the patient complained of daily popping and locking of the left knee with deep knee bending with rising from a seated position. The patient is noted to have had a positive response to a steroid injection in the past. There apparently has been no other left knee treatment. On physical examination, the patient had medial joint line tenderness to palpation, mild effusion, and crepitus. There is full range of motion without instability, locking, or popping. A left knee x-ray on 5/9/13 apparently showed moderate osteoarthritis and possible loose body. A left knee MRI on 5/14/13 showed moderate, primarily medial compartment osteoarthritis, small effusion, medial meniscus tear, and possible lateral meniscus tear. A repeat left knee MRI is not medically necessary at this time. There is no documentation of interval change in symptoms or examination findings, and there is no documentation of new injury. The patient has known left knee osteoarthritis as evidenced by history and examination and documented on a recent x-ray and MRI studies. Medical necessity is not established for a repeat left knee MRI.

ORTHOPEDIC CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, Knee Complaints, page 503

Decision rationale: Orthopedic consultation is warranted in this case. The patient has chronic left knee pain along with documented osteoarthritis and internal derangement. The patient may be a surgical candidate. The patient may benefit from additional expertise with regard to the need for additional injections. The request is medically necessary and appropriate.