

Case Number:	CM14-0100569		
Date Assigned:	08/01/2014	Date of Injury:	05/02/1990
Decision Date:	10/14/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male who was injured on 05/02/90. The mechanism of injury is not described in the submitted documentation. Clinical notes dated 05/30/14 states the injured worker presents with bilateral knee complaints with the greatest concern being the right knee. This note states the treating provider "arthroscoped [the injured worker's] right knee" in the 1990's. It is noted the injured worker had chondromalacia of the right patella and "has done well until recently." Physical examination of the injured worker's right knee reveals range of motion (ROM) from 0-125 with positive compression test. Anterior and posterior drawer tests are negative. An x-ray of the right knee is referenced and reported to reveal mild degenerative changes of the patellofemoral articulation. The treatment plan includes a request to obtain an MRI of the right knee to assess the degree and extent of chondromalacia changes. A request for an MRI of the right knee is submitted on 06/04/14 and is subsequently denied by Utilization Review dated 06/10/14 which states, "There is no evidence of a trial and failure of a reasonable course of conservative care following this exacerbation and there is no evidence that the claimant has been involved in an ongoing exercise program or a program of PT and has failed to improve. There are no new or progressive focal deficits for which this type of imaging study appears to be indicated." This is an appeal request for an MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 - 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, section on MRIs (magnetic resonance imaging)

Decision rationale: The request for an MRI of the right knee without dye is not recommended as medically necessary. ACOEM states, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Records do not indicate the injured worker has attempted a course of conservative care such as physical therapy since the recurrence of right knee pain/symptoms. Based on the clinical information provided and the applicable guidelines, medical necessity of an MRI of the right knee is not established.