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| Case Number: | CM14-0012199 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/14/2008 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/18/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Physical Medicine and Rehabilitation, 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 injured worker is a 67-year-old female who reported an injury on 08/14/2008 secondary to an unknown mechanism of injury. The injured worker was evaluated on 11/26/2013 for reports of increased bilateral knee pain rated 5/10 to 7/10. Exam noted the right knee range of motion 135 degrees with crepitus noted and a positive McMurray's sign. Left knee examination noted limited range of motion secondary to pain with diffuse tenderness to palpation of the medial and lateral joint lines. An unofficial x-ray was noted in the exam on 04/26/2013 demonstrating bilateral knee degenerative joint disease with total medial joint collapse. The diagnoses included right knee arthralgia with DJD (degenerative joint disease), status post right knee arthroscopy, left knee contusion, and bilateral severe DJD of the knee. The treatment plan included a total knee arthroplasty to the right and continued care with pain management. The exam notes indicated the need for a [REDACTED] MRI and leg length x-ray prior to surgery. The Request for Authorization dated 11/26/2013 was in the documentation provided. The rationale for the request was for pre-surgical requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] MRI (MAGNETIC RESONANCE IMAGING) OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 13 (KNEE COMPLAINTS), 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, Knee Joint Replacement.

Decision rationale: The MTUS/ACOEM Guidelines recommend a diagnostic MRI after a period of conservative care and observation. The injured worker had an unofficial standing x-ray documenting significant loss of chondral clear space in at least 1 of 3 compartments prior to knee arthroplasty. There is no recommendation for MRI studies prior to knee arthroplasty. There is also a significant lack of evidence of emergence of any red flags. Based on the documentation provided, the request for a [REDACTED] MRI of the right knee is not medically necessary and appropriate.

1 LEG LENGTH X-RAY OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Knee Joint Replacement.

Decision rationale: The MTUS/ACOEM Guidelines do not recommend routine x-rays in the absence of red flags. The Official Disability Guidelines do recommend a standing x-ray prior to knee arthroplasty. However, there is evidence of a knee x-ray on 04/26/2013 demonstrating severe bilateral knee degenerative joint disease with total medial joint collapse. Therefore, based on the documentation provided, the request for one (1) leg length x-ray of the right knee is not medically necessary and appropriate.