

Case Number:	CM14-0015721		
Date Assigned:	04/09/2014	Date of Injury:	06/12/2013
Decision Date:	05/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgery 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 52-year-old male who reported an injury on 06/12/2013 from stepping off a package car. The 04/11/2014 clinical note reported a complaint of bilateral knee pain. On examination of the right knee, he had localized edema, patellar crepitus, tenderness on palpation, and positive Apley's compression test. His left knee had tenderness on palpation and positive McMurray's and Apley's compression tests. His range of motion to the right knee was 130 degrees upon flexion and 0 degrees extension. His left knee was 110 degrees upon flexion and 0 degrees extension. He had 1+ patellar edema bilaterally and was able to squat 40 degrees with pain. X-rays revealed moderate arthritis with medial joint space narrowing and bone spurs bilaterally. The note reported the injured worker completed 6/6 therapy visits without any change in symptoms and his left knee injections took away a small portion of his knee pain, but he still had daily aches and pains. The note stated the injured worker was recommended for a knee replacement that requires an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDACTA MRI TO BE DONE PRIOR TO RIGHT KNEE REPLACEMENT: Upheld

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 MRIS- Indications For ImagingG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347.

Decision rationale: The California ACOEM guidelines recommends MRIs to determine the extent of an ACL tear preoperatively. The documentation submitted states the injured worker's diagnosis is sprained right knee and indicates the MRI is specifically for knee replacement surgery. The documentation does not meet guideline requirements. The request for Medacta MRI to be done prior to right knee replacement is not medically necessary and appropriate.