

Case Number:	CM14-0019611		
Date Assigned:	09/18/2014	Date of Injury:	04/03/2012
Decision Date:	10/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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:

This is a 59-year-old female with a 4/3/12 date of injury. The mechanism of injury occurred while falling forward, landing on her knees and wrists. The patient was most recently seen on 2/12/14 by an orthopedic surgeon. The patient complained of an intermittent 2-5/10 left knee pain, with occasional giving way of the knee. The patient also noted continued right knee pain, which she attributed to compensating for her left knee. Exam findings revealed an antalgic gait, in addition to mild medial joint line tenderness for the right knee, and tenderness over the medial patella and medial/lateral joint lines for the left knee. There was no effusion noted, and both knees were stable to varus and valgus at 0 and 30. The Lachman test, McMurray test, anterior and posterior drawer tests were negative. The range of motion was normal for both knees. The patient's diagnoses included chondromalacia patella in bilateral knees. The patient's medications included Ibuprofen, Tramadol, Diclofenac, and topical analgesic. The documents noted that the accepted body parts for the industrial claim included the left knee. There was no documentation stating that the right knee was accepted by the industrial claim. Significant Diagnostic Tests: 1. AP standing bilateral knees (5/3/13) - No acute or chronic bony abnormalities. The patellae sit well within the femoral grooves. Treatment to date: medications, physical therapy (for shoulders), chiropractic care, acupuncture. An adverse determination was received on 2/5/14 due to insufficient documentation of previous radiographs obtained, insufficient documentation of conservative measures taken for the knee symptoms, in addition to the right knee not being part of the industrial claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee MRI without contrast: 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, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. The patient's complaints of the left knee in the most recent visit dated 2/14/2014 included occasional giving way, which could be due to pathology in the patellofemoral joint or quadriceps weakness. This complaint of the left knee giving way correlates with the patient's diagnosis of chondromalacia patella. (A complaint of a painless giving way in association with a turning movement, which was not documented in this case, would more likely indicate a ligamentous instability or meniscal lesion.) There was also no documentation of any knee effusion or any evidence of a posterior knee dislocation, ligamentous, or meniscal injury given that the Lachman test, McMurray test (high specificity for meniscal tears), and anterior and posterior drawer tests were negative. In addition, the documents stated that the left knee was one of the body parts accepted by the industrial claim. The current request was for an MRI of both knees. Furthermore, this patient's knee pain, although traumatic, was not acute given that it was due to a fall in 2012. Therefore, the request for bilateral knee MRI without contrast was not medically necessary.