

Case Number:	CM14-0121634		
Date Assigned:	08/06/2014	Date of Injury:	07/03/2007
Decision Date:	09/18/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 50 year old male who reported an injury on 07/03/2007 due to a fall. The injured worker's diagnoses were left knee patellofemoral syndrome, secondary to gait disturbances. The injured worker's prior treatments were physical therapy. The injured worker's prior diagnostics include an MRI of the right knee dated 06/12/2014 that revealed a defect at the posterior horn root junction of the medial meniscus with medial meniscal extrusion with a high grade chondrosis along the mid-trochlear groove. There was also a low-grade chondrosis of the medial femoral condyle as well as small medial compartment osteophytes. There was a grade 1 sprain of the medial collateral ligament. There was tendinosis of the femoral origin of the popliteus tendon. There was also a large effusion with synovitis. The injured worker's prior surgical history included rotator cuff repair. On physical examination dated 06/26/2014, there was tenderness to palpation along the medial joint line, as well as over the medial collateral ligament with some residual swelling around his right knee. The injured worker's medications were Pristiq, Abilify, Viagra, topiramate, atenolol, Diovan, hydrochlorothiazide, amlodipine, Combivent, and simvastatin. The provider's treatment plan included an MRI of the right knee without contrast. The rationale for the request was right knee pain. The Request for Authorization form was provided with documentation submitted for review dated 06/03/2014.

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 contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG-Knee & Leg.

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, MRI's (magnetic resonance imaging).

Decision rationale: According to California MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Guidelines also state that most knee problems improve quickly once any red flag issues are ruled out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion of false-positive test results because of the possibility of identifying a problem that was not present before symptoms began, and therefore has no association with the current symptoms. The Official Disability Guidelines (ODG) indicates that a repeat MRI can be done post-surgical if needed to assess cartilage repair. The injured worker complained of constant right knee pain. There was documentation provided for review that the injured worker undergone a course of physical therapy, but there was lack of documentation to as to the progress towards the injured worker's functional deficits. According to documentation that was submitted for review, the injured worker had an MRI of the right knee on 06/12/2014; however, the official report was not submitted for review. There was a lack of evidence on physical examination of positive orthopedic testing that would support the necessity of an MRI of the knee. The prior MRI was diagnostic in nature and a rationale for repeating the MRI was not provided. As such, the request is not medically necessary and appropriate.