

Case Number:	CM14-0131220		
Date Assigned:	08/20/2014	Date of Injury:	02/06/2003
Decision Date:	11/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/15/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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

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 patient is a 58 year old employee with date of injury of 2/6/2003. Medical records indicate the patient is undergoing treatment for left knee moderate to severe DJD; moderate antalgic gait; non industrial right knee severe DJD and RSD history; left L4-5 radiculopathy, per EMG and right knee chondromalacia patella. Subjective complaints include pain in the bilateral knees. Right now, the left knee is worse than the right knee and rates his pain as 6-7/10. The left knee is constant aching and the right knee is constant pain with popping. Objective findings include tenderness at patellar tendon over medial joint line on right knee. There is pain with range of motion (ROM). The right knee has instability with valgus stress. There is no sensation over the lateral aspect of the right ankle with hypersensitivity in areas throughout the foot in no correlating dermatome. Prior surgeries may account for this lack of sensation. The left knee has AROM of 130 flexion and 5 extension. PROM is 130 extension and 0 extension. There is no instability with weight bearing on the left. An x-ray (4/24/2012) includes 3 views of the left knee and reveals: 2 mm medial joint space narrowing of the left knee/moderate to severe DJD. An electro diagnostic study (7/9/12) reveals: left L4-L5 radiculopathy and absent right peroneal motor and peroneal/sural sensory response due to prior trauma. Treatment has consisted of Orthovisc series in 9/13; Oxycontin; Bupropion; Clorazepate; Gabapentin; Pantoprazole; Senna/docusate; Vitamin D; Carisoprodol; Hydrocodone Bit/apap and Zolpidem Tartrate. The patient had a steroid injection in the right knee with "remarkable" results. He had 80% relief for 2 weeks after the injection and then the second injection provided 60-80% relief. (12/6/2013 and 5/5/2014). The Orthovisc injection 9/13 provided 40-60% relief. The utilization review determination was rendered on 7/21/2014 recommending non-certification of an MRI bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes indicate that the patient is undergoing home therapy, but also additionally notes that the home therapy exercises are not being conducted.ODG further details indications for MRI:-Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.-Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.-Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).-Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007). Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)The treating physician does not indicate additional information that would warrant a repeat MRI of the bilateral knees, such as post-surgical knee assessment, re-injury, or other significant change since last MRI. For the left knee the patient's diagnosis was already known to be Osteoarthritis and proven by X-Ray. The right knee has had multiple surgeries and a weight bearing X-Ray should be obtained prior to obtaining another MRI. The ODG guidelines advise against 'routine' repeat MRI. As such, the request for MRI bilateral Knees is not medically necessary.