

Case Number:	CM14-0138988		
Date Assigned:	09/05/2014	Date of Injury:	01/03/2013
Decision Date:	09/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 30 year old female with a work injury dated 1/3/13. The diagnoses include patellofemoral syndrome. Under consideration is a request for a MRI of the left knee. There is a primary treating physician report dated 7/21/14 that states that the patient reports that she was working her normal duties doing grounds maintenance and felt pain in her knee going up and down stairs. There is no traumatic injury or fall. She reported the injury at a local clinic with initial diagnosis of knee strain and subsequently diagnosed with chondromalacia of the knee. She was treated extensively. She has had 7 physical therapy visits and had a knee brace. She had a cortisone injection one time and none of these treatments have really been of benefit. She has been off work since the injury. The patient had MRI scan that showed minimal findings according to the report available. The MRI showed mild patellar tendinosis and nonspecific subcutaneous edema in the peripatellar and pretibial region. There is no indication of patellofemoral chondromalacia or misalignment on the MRI. Clinically, the patient had misalignment and lateral tracking while with chondromalacia, and surgery was openly requested but denied. The patient reports that her knee pain is slightly relieved by patella stabilizer brace with crepitus and catching sensation in her knee aggravated by sitting and climbing. On exam she reveals antalgic gait favoring the left knee. There is slight Quadriceps weakness. Significant findings are that of grade 3 crepitation of patellofemoral joint on the left and grade 1-2 on the right and full range of motion bilaterally. There is a trace effusion on the left, none on the right. There is tight lateral retinaculum on the left, worse on the right. She has severe pronation of both feet and leg lengths are equal. She has pain with single-leg bending and squatting. She cannot do duck walk due to discomfort in the knee. Ligaments are stable. There is no joint line tenderness. Negative McMurray test. The opposite right knee demonstrates full range of motion.

Neurovascular is intact. The treatment plan states the provider wishes to get a repeat MRI scan with cartilage views on a 3 Tesla Image to evaluate the articular cartilage. There is a request also for physical therapy. The patient may indeed be a candidate for late retinacular release and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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): 334 and 336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, MRI.

Decision rationale: MRI of the left knee is not medically necessary per the MTUS and Official Disability Guidelines. Per the MTUS ACOEM knee chapter an MRI is not necessary for patella tendinitis or chondromalacia unless considering surgery. Additionally, per the documentation patient has had a prior knee MRI already. The Official Disability Guidelines knee guidelines state that Repeat MRIs are only needed post-surgical if need to assess knee cartilage repair tissue. There is no documentation that patient has surgery planned or has had surgery. There is no evidence of new injury or red flag conditions. Therefore, MRI of the left knee is not medically necessary.