

Case Number:	CM14-0157152		
Date Assigned:	10/02/2014	Date of Injury:	09/22/2011
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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:

According to the records made available for review, this is a 50-year-old female with a 9/22/11 date of injury and status post lumbar fusion 3/20/14. At the time (5/9/14) of request for authorization for MRI right knee, there is documentation of subjective (severe persistent right knee pain with swelling, alteration of gait, instability with falling, crepitus, and subsequent back pain) and objective (decreased right knee range of motion with 2+ swelling, crepitus, and altered gait) findings, imaging findings (X-rays of the right knee (5/23/14) report revealed mild joint space narrowing but no major arthritis), current diagnoses (right knee pain after lumbar surgery), and treatment to date (knee brace and medications). Medical report identifies a request for right knee MRI to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Overturned

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): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic Resonance Imaging (MRI)

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee (first 30 days). ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee (after 30 days). Within the medical information available for review, there is documentation of a diagnosis of right knee pain after lumbar surgery. In addition, given documentation of subjective findings (severe persistent right knee pain with swelling, alteration of gait, instability with falling, crepitus, and subsequent back pain), objective findings (decreased right knee range of motion with 2+ swelling, crepitus, and altered gait), imaging findings (X-rays of the right knee identifying mild joint space narrowing but no major arthritis), and a request for right knee MRI to rule out internal derangement, there is documentation of an unstable knee with episodes of giving way and crepitus, recurrent effusion, and nondiagnostic radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI right knee is medically necessary.