

Case Number:	CM14-0157885		
Date Assigned:	10/01/2014	Date of Injury:	03/06/2002
Decision Date:	12/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal 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:

The injured worker (IW) is a 49-year-old woman with a date of injury of March 6, 2002 when she slipped on a freshly waxed floor. This resulted in the flexion of her knee, and her body tilted on the right side. She recalls her knee hitting the floor, and then she fell back injuring her right knee, right ankle, and low back. On May 18, 2004, the IW slipped and fell on a wet floor and hit her right elbow on the counter and fell on her left side, injuring her left shoulder, left hip, as well as her entire spine. The IW is about 12 years and 6 months from the onset of symptoms. The IW has undergone several treatments including from several different providers. The pain had been constant, sharp and shooting in nature and is aggravated by heat and physical activities including sitting and standing. MRI of the right knee dated October 9, 2-003 demonstrated localized osteochondritis dissecans, anterior aspect of the lateral femoral condyle abutting the anterolateral aspect of the left lateral femoral condyle of biomechanical significance, Grade II change in the central substance of posterior horn of medial meniscus without clear evidence of meniscal tear, Grade I versus Grade II tear change within the central substance of posterior horn of the lateral meniscus with no evidence of meniscal tear. There is a non-certification notice dated June 15, 2011 declining open MRI of the right knee. Pursuant to QME dated July 25, 2014, the provider documents that based on the medical evidence in the records, and prior examinations, surgical treatment to the right ankle and right knee on the basis of industrial injury dated May 18, 2004, and March 6, 2002 is not indicated or appropriate. MRI of the right knee dated October 2003 showed no evidence of ACL (anterior cruciate ligament) tear. The provider noted that in prior medical records dated from 2002 to 2007, there is only occasional mention, specifically of the knee or ankle discomfort. Most of the lower extremity complaints are attributed to radiating lower extremity pain coming from the lower back. There was not any specific treatment directed to the knee or ankle. Physical examination of the right knee revealed tenderness along the joint

line, range of motion of the knee in flexion is 110 degrees, and extension bilaterally is full. No effusion is noted. Negative Drawer's test. Positive McMurray's test. The IW has been diagnosed with lumbar radiculopathy with neurological impairment, cervical radiculitis with neurological impairment, right shoulder impingement, right knee impingement, cervical and lumbar myofascial pain, and right ankle and hip strain. The primary treating physician is requesting an MRI of the right knee dated September 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation of the right knee is not medically necessary. The ODG recommends magnetic resonance imaging under certain conditions. These conditions include, but are not limited to, acute trauma to the left knee, including significant trauma or if suspect posterior knee dislocation or ligament or cartilage disruption, etc. In this case, the date of injury was March 6, 2002. The injured worker is 12 years out from the date of injury. A qualified medical examination was performed on June 25, 2014. In reviewing the medical records the physician's opinion indicated from 2002 through 2007 there was only an occasional mention, specifically, of the knee or ankle discomfort. There was no evidence of any significant diagnostic studies involving the ankle or knee beside x-rays. There was an MRI of the right knee performed in October 2003 that showed no evidence of an ACL tear. There were no significant physical findings. Consequently based on the remote nature of the injury (2002), the absence of a diagnostic workup over the subsequent 12 years, the present lack of any clinical indication for repeat MRI of the knee, MRI of the right knee is not medically necessary.