

Case Number:	CM14-0162200		
Date Assigned:	10/07/2014	Date of Injury:	06/07/2004
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 48-year-old male with a date of injury of June 7, 2004. He had left knee arthroscopic surgery. He also had lumbar fusion surgery. The injured worker continues to have left knee pain. He had a previous cortisone injection into left knee. The injured worker also has right knee pain. The injured worker had Synvisc injections in the left knee which did not help. X-rays of left knee show no evidence of arthritis. Weight bearing x-rays of both knees were within normal limits. There is no evidence of cartilage space loss. X-rays of both the left and the right knee from 2012 reported as normal. MRI of the left knee show some degenerative changes which was performed in 2010. Examination shows 0 or 35 range of motion of the left knee. There was no significantly abnormal test on the knee examination, but the injured worker did have some discomfort with McMurray's test. At issue is whether interventions for the left and right knee are medically necessary.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341; 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter, MRI's (Magnetic Resonance Imaging): Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: This injured worker does not meet established criteria for left knee MRI. Specifically the injured worker is early had a left knee MRI and there is no significant change in the injured worker's symptoms since the previous MRI. Physical examination does not document any significant change in symptoms or findings. Medical records do not document any significant change in symptoms. The injured worker has chronic knee pain. Repeat MRI the left knee is not supported by the medical records with clinical information warranting repeat MRI; therefore, the request is not medically necessary.

Right Knee Scope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter, Diagnostic Arthroscopy.

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

Decision rationale: This injured worker does not meet established criteria for right knee arthroscopy. Specifically is no documentation of a recent trial and failure of conservative measures to include physical therapy for right knee pain. The physical examination does not document significant abnormal findings such as instability a markedly positively abnormal test for knee instability or meniscal tear. Since the injured worker has not had an adequate recent trial and failure conservative measures in the physical examination does not show slightly positive findings, coupled with a normal knee x-ray, criteria for knee arthroscopy not met. In addition physical examination does not demonstrate instability or significant loss of motion. The request for Knee surgery is not medically necessary.

Post-op crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.