

Case Number:	CM14-0166592		
Date Assigned:	10/13/2014	Date of Injury:	12/17/2002
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 55-year-old male with a 12/17/02 date of injury, and status post left knee debridement of medial femoral condylar fracture 08 and 09, status post left open debridement with allograft of medial femoral condyle, and status post left knee hemiarthroplasty 6/13. At the time (9/18/14) of request for authorization for MRI left knee, there is documentation of subjective (pain and giving way of the left knee, locking sensations, pain localized laterally) and objective (none documented recently regarding the left knee) findings, imaging findings (reported x-ray findings (9/18/14) revealed prosthesis well aligned and no obvious evidence of loosening), current diagnoses (status post left knee debridement of medial femoral condylar fracture 08 and 09, status post left open debridement with allograft of medial femoral condyle, and status post left knee hemiarthroplasty 6/13), and treatment to date (activity modification and medications). 9/9/14 medical report identifies a request for a knee MRI for possible lateral meniscus pathology. There is no documentation of a condition/diagnosis (with supportive objective findings) for which an MRI of the knee is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-352. 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 diagnoses of status post left knee debridement of medial femoral condylar fracture 08 and 09, status post left open debridement with allograft of medial femoral condyle, and status post left knee hemiarthroplasty 6/13. In addition, there is documentation of subjective findings and radiographs nondiagnostic. However, despite documentation of a request for a knee MRI for "possible lateral meniscus pathology", there is no documentation of a condition/diagnosis (with supportive objective findings) for which an MRI of the knee is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI left knee is not medically necessary.