

Case Number:	CM14-0170584		
Date Assigned:	10/20/2014	Date of Injury:	04/11/2013
Decision Date:	11/21/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 51-year-old man who sustained a work related injury on April 11, 2013 while tearing down a painting shelter. He was on the roof of the structure when he fell. The IW had physical therapy, and aquatic therapy sessions. The MRI of the left knee dated June 18, 2013 revealed: 1. Mild to medium sized knee joint effusion with a small Baker's cyst. 2. There was regional 4-5 mm focus of moderate chondral thinning and mild underlying subchondral edema in the posterior aspect of the medial femoral condyle. 3. There was a 2 mm focus of signal in the posterior horn of the medial meniscus that probably represented degenerative signal. If this was a tear, it was superficial, measuring only superficial tear again of 2 mm. 4. There was regional focus chondromalacia near the midline trochlear groove of the femur. Pursuant to the progress note dated September 2, 2014, the IW returned for a re-evaluation with complaints of neck pain, back pain, headaches, ringing in the ears, left shoulder pain, and knee pain. Objective finding revealed medial joint line tenderness, and a positive McMurray's test of the left knee. The diagnosis was tear of the medial cartilage or meniscus of the knee current. The provider documented that the MRI dated June 19, 2013 was inconclusive and recommended a repeat MRI of the left knee. The IW was given a prescription for his analgesic pain medication and sleep medication. He was told to follow-up in 6 weeks.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter- MRI

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, (repeat) MRI of the left knee is not medically necessary. The guidelines provide indications for magnetic resonance imaging of the knee. Repeat MRI: postsurgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker had an MRI left knee June 18, 2013. There was a mild to medium joint effusion, regional 4-5 mm focus of moderate chondral fending an underlying subchondral edema in the posterior aspect of the medial femoral condyle, 2 ml focus of signal in the posterior horn medial meniscus that probably represented degenerative signal. If this was a tear, it was superficial, measuring only 2 mm, and there was a regional focus of chondromalacia of the midline trochlear groove. The injured worker, in a follow-up examination September 30, 2014, had a positive McMurray test of the lefty and medial joint line tenderness. However, there was no documentation of any significant change in the physical examination with respect to the knee that would warrant a repeat magnetic resonance imaging of the left knee. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, repeat MRI of the left knee is not medically necessary.