

Case Number:	CM14-0171509		
Date Assigned:	10/23/2014	Date of Injury:	09/26/2013
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old male with an injury date of 09/26/13. Based on the 09/26/14 progress report provided by [REDACTED], the patient complains of right knee pain. Physical examination to the right knee revealed focal parapatellar and popliteal moderate swelling. Moderate severe tenderness to palpation along the anteromedial aspect of the proximal tibial plateau and distal medial femoral condyle. Patient has been treated with Visco supplementation injections without incident and taking Naproxen. Treater states he has ordered an MRI to evaluate the patient's LEFT knee for subchondral stress fracturing due to the patient's pain levels and spot specific tenderness to palpation. Diagnosis 01/16/14 per operative report- right knee medial meniscal tear- right knee arthroscopy with partial medial meniscectomy MRI of RIGHT knee 05/02/14- irregular post- meniscectomy change versus tear- high grade chondrosis of the medial trochlea and likely the medial patellar facet- low grade chondrosis with mild chondral thinning along the peripheral meniscal weight-bearing surface of the medial compartment of the knee.- small diffusion [REDACTED] [REDACTED] is requesting MRI without contrast, right knee. The utilization review determination being challenged is dated 10/03/14. The rationale is "patient had MRI of Right knee on 09/20/13 and MRI of the Left knee on 10/26/13..." [REDACTED] [REDACTED] is the requesting provider and he provided treatment reports from 01/10/14 - 09/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic) chapter, MRI's (magnetic resonance imaging)

Decision rationale: The patient presents with right knee pain. The request is for MRI without contrast, right knee. Patient is status post right knee arthroscopy with partial medial meniscectomy 01/16/14. Patient has been treated with Visco supplementation injections without incident and takes Naproxen. ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. The request is for MRI of the right knee. However, treater states in progress report dated 09/26/14 that he has ordered an MRI to evaluate the patient's left knee for subchondral stress fracturing due to the patient's pain levels and spot specific tenderness to palpation. MRI study of right knee has been done on 05/02/14 and has been provided by treater. Per utilization review letter dated 10/03/14, patient had MRI of the left knee on 10/26/13. Treater does not discuss concerns regarding internal derangement of the right knee, and has not provided reasoning for requesting MRI for the right knee. There is no mention of scheduled surgery or new injury to warrant repeat MRI of the right knee. The request is not medically necessary.