

Case Number:	CM14-0178515		
Date Assigned:	10/31/2014	Date of Injury:	01/19/2012
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/19/12 when, while working as a field mechanic for the gas company he was using a pry bar and had worsening neck, right shoulder, and right arm symptoms. He underwent left knee arthroscopy in February 2011. An MRI of the left knee on 05/30/12 showed findings of a posterior medial meniscus tear and joint effusion. He was seen on 08/25/14. He was having pain over the right elbow, both wrists, left hip, low back, and both knees. Prior treatments had included left knee arthroscopic surgery following by physical therapy and recent injections with reported increased pain. MRI scans of the knees in 2013 had showed findings of bilateral meniscal tears. Physical examination findings included knee joint line tenderness with positive patellar grind testing and positive McMurray's testing. He had bilateral knee swelling. There was crepitus and pain with motion. Recommendations included bilateral knee arthroscopy. The claimant was seen by the requesting provider on 09/29/14. He was having right shoulder, elbow, and bilateral knee pain. Knee pain was rated at 8/10. He was having symptoms of swelling and buckling. Physical examination findings included knee joint line tenderness with positive patellar grind test and positive McMurray's testing. There was pain and crepitus with range of motion. Medications were refilled. Authorization for a repeat left knee MRI was requested.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance ima.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic left knee pain. Treatments have included physical therapy, injections, and arthroscopic surgery, and further surgery is being planned. Guideline address the role of a repeat MRI scan of the knee after surgery which is recommended if there is a need to assess a knee cartilage repair. In this case, the claimant has undergone arthroscopic knee surgery. He has already had a post-operative MRI scan of the knee showing findings of meniscal tears. He has physical examination findings also consistent with this diagnosis. Therefore, the requested repeat MRI of the knee is not medically necessary for the planned care of this claimant.