

Case Number:	CM14-0178532		
Date Assigned:	10/31/2014	Date of Injury:	06/20/2011
Decision Date:	12/08/2014	UR Denial Date:	10/04/2014
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 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:

This 51 year-old patient sustained an injury to the knee on 6/20/11 while employed by [REDACTED]. Requests under consideration include MRI of the left knee. Diagnoses include knee pain and lateral patellar tracking. MRIs of the knees on 10/20/11 showed lateral patellar positioning; otherwise was essentially unremarkable with normal joint spaces; intact ligaments, tendons, without evidence of meniscal tear or intrameniscal degeneration. Report of 5/23/14 from a provider noted the patient with low back symptoms; only mentioned recommended patient to undergo right knee chondroplasty and lateral release (unclear if this has been performed). There was no mention of the left knee. Report of 9/25/14 from the provider noted bilateral knee symptoms. Exam showed trace patella crepitus on left; 1+ grinding on right; no effusion; no evidence of maltracking; mild tenderness over lateral facet and retinaculum; no tenderness over medial or lateral joint lines upon palpation; mild quad atrophy; with range of 0-130 degrees flexion. No other clinical findings or x-rays provided. Diagnoses included pain in lower leg and patella chondromalacia. The request(s) for MRI of the left knee was non-certified on 10/4/14 citing guidelines criteria and lack of medical necessity.

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, 348-350.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: This 51 year-old patient sustained an injury to the knee on 6/20/11 while employed by [REDACTED]. Request(s) under consideration include MRI of the left knee. Diagnoses include knee pain and lateral patellar tracking. MRIs of the knees on 10/20/11 showed lateral patellar positioning; otherwise was essentially unremarkable with normal joint spaces; intact ligaments, tendons, without evidence of meniscal tear or intrameniscal degeneration. Report of 5/23/14 from a provider noted the patient with low back symptoms; only mentioned recommended patient to undergo right knee chondroplasty and lateral release (unclear if this has been performed). There was no mention of the left knee. Report of 9/25/14 from the provider noted bilateral knee symptoms. Exam showed trace patella crepitus on left; 1+ grinding on right; no effusion; no evidence of maltracking; mild tenderness over lateral facet and retinaculum; no tenderness over medial or lateral joint lines upon palpation; mild quad atrophy; with range of 0-130 degrees flexion. No other clinical findings or x-rays provided. Diagnoses included pain in lower leg and patella chondromalacia. The request(s) for MRI of the left knee was non-certified on 10/4/14. There are no recent x-rays of the knee provided for review with last MRI done in 2011 with unremarkable findings without documented progressive symptoms or new significant clinical findings to support for repeating the MRI. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings with evidence of internal derangement, acute flare-up, new injuries, failed conservative knee treatment trial or progressive change to support for the imaging study. The MRI of the left knee is not medically necessary and appropriate.