

Case Number:	CM14-0182847		
Date Assigned:	11/07/2014	Date of Injury:	08/27/1999
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 67 year old male with an injury date of 08/17/99. Based on the 09/24/14 progress report, the patient complains of left knee pain rated 7/10. He is status post failed right total knee replacement 2013. Patellofemoral DJD of left knee was established on most recent X-ray. Physical examination to the left knee revealed patellofemoral crepitation with range of motion. The patient has been injected with Lidocaine and Celestone to both knees in an attempt to relieve his pain. Treating physician plans total knee replacement of left knee. 09/24/2014 diagnosis includes left patellofemoral degenerative joint disease per X-Ray; and right painful knee replacement, possibly from the patellofemoral component. The utilization review determination being challenged is dated 10/23/14. The rationale is "right knee MRI was submitted. No indication that left knee MRI was performed... ". The requesting provider provided treatment reports from 05/06/14 - 10/30/14. Diagnosis 09/24/14- LEFT patellofemoral degenerative joint disease per X-Ray- right painful knee replacement, possibly from the patellofemoral component [REDACTED] is requesting MRI LEFT KNEE. The utilization review determination being challenged is dated 10/23/14. The rationale is "RIGHT knee MRI was submitted. No indication that LEFT knee MRI was performed... " [REDACTED] is the requesting provider and he provided treatment reports from 05/06/14 - 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee.: Overturned

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): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Chapter, MRI's (Magnetic Resonance Imaging)

Decision rationale: The patient presents with left knee pain rated 7/10. The request is for MRI left knee. He is status post failed right total knee replacement 2013. Patellofemoral DJD of left knee was established on most recent X-ray, per diagnosis dated 09/24/14. The patient has been injected with Lidocaine and Celestone to both knees in an attempt to relieve his pain. The patient has been injected with Lidocaine and Celestone to both knees in an attempt to relieve his pain. 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." Official Disability Guidelines (ODG) may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. Per progress report dated 09/24/14, the treating physician plans total knee replacement of left knee. While the treating physician does not discuss concerns regarding internal derangement, given the patellofemoral degenerative joint disease per X-Ray, persistent pain, crepitation on range of motion, injury that is chronic, and plan for surgery, an MRI would be appropriate. Review of medical records, as well as UR letter dated 10/23/14 do not show that this patient has had an MRI of the left knee done before. Therefore, this request is medically necessary.