

Case Number:	CM14-0020363		
Date Assigned:	05/02/2014	Date of Injury:	08/23/2009
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 patient is a 66-year-old male who has submitted a claim for derangement of meniscus, right knee associated with an industrial injury date of August 23, 2009. Medical records from 2010-2014 were reviewed. The patient complained of persistent right knee pain, grade 7/10. The pain radiates to the right leg. It was associated with weakness and was characterized as sharp, dull, and pressure-like with swelling. The pain was aggravated by bending, kneeling, crawling, and prolonged standing and walking. Physical examination showed full range of motion on both knees. Clicking was noted on extension. There was no bony deformity, erythema, or edema. Crepitus was noted bilaterally. There was tenderness over the lateral joint lines. Motor strength and sensation was intact. MRI of the right knee, dated January 6, 2010, revealed patellofemoral degenerative changes with lateral patellar tilt; small joint effusion; undersurface tear posterior horn medial meniscus with medial compartment reactive edema; anterior horn lateral meniscus tear to superior articular surface with focal chondral defect, lateral femoral condyle posteriorly up to 4mm; and no acute tendinosis or ligamentous abnormalities. Official result of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated February 18, 2014, denied the request for MRI of the right knee because there was no current or recent records documenting symptomatic complaints, red flags, or objective exam findings suggestive of significant new pathology of the right knee or pathology that was not explained by the prior MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT 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 (ODG), Knee & Leg Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-336.

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, MRI of the right knee was requested to better understand the condition of interarticular pathology and for comparison with old imaging. An MRI of the right knee done last January 6, 2010 revealed patellofemoral degenerative changes, small joint effusion, medial meniscus tear, lateral meniscus tear, and no acute tendinosus or ligamentous abnormalities. In the most recent clinical evaluation, the patient still complains of right knee pain with clicking that occurs when he stands up. The patient has persistent right knee pain after many sessions of physical therapy and he is worried given the time passed without adequate intervention that the injury of his knee has worsened. However, physical examination only revealed crepitus, clicking on extension, and tenderness on the lateral joint lines. The documentation did not provide objective evidence of any significant worsening of symptoms. In addition, there are no physical examination findings that suggest internal derangement or damage to the ligaments of the knee. Therefore, the request for MRI OF THE RIGHT KNEE is not medically necessary.