

Case Number:	CM14-0028080		
Date Assigned:	06/16/2014	Date of Injury:	06/03/2011
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 63-year-old employee with date of injury of June 3, 2011. Medical records indicate the patient is undergoing treatment for HNPs at C4-5; C5-6 and C6-7 with stenosis; facet arthropathy at C5-6; right knee chondromalacia; fracture of the right second tarsal metatarsal joint; partial tear of anterior talofibular ligament on the right. Subjective complaints include bilateral shoulder pain, neck pain, stiffness, headaches and jaw pain. Objective findings include that the patient has pain by facet loading. Cervical range of motion 40 degrees; extension 20 degrees; left and right lateral bend 20 degrees; left and right rotation 50 degrees. Upper extremity sensation is intact. Deltoid, biceps, internal rotators, external rotators, wrist extensors and wrist flexors are 5-/5 bilaterally. Treatment for her HNPs at C4-5; C5-6 and C6-7 with stenosis; facet arthropathy at C5-6; right knee chondromalacia; fracture of the right second tarsal metatarsal joint; partial tear of anterior talofibular ligament on the right. Treatment has consisted of acupuncture therapy, Ketoprofen cream, Lidoderm patches, and ibuprofen as needed. The utilization review determination was rendered on February 12, 2014 recommending non-certification of a MRI left knee.

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: 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): 338-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI.

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines states "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical." The ODG states "Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non trauma, non tumor, non localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The medical documents provided do not support any of the previous six criteria being met at this time. The patient has been referred to a tumor specialist for a mass in his knee. ODG does not recommend an MRI for tumor knee pain. The request for an MRI of the left knee is not medically necessary or appropriate.