

Case Number:	CM14-0030298		
Date Assigned:	04/09/2014	Date of Injury:	08/28/2002
Decision Date:	05/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Pain Management, 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 64-year-old male with a date of injury of 08/28/2002. The listed diagnoses per [REDACTED] are: 1. Sprain of the lumbar region. 2. Osteoarthritis, NOS, left leg. Supplemental report from 10/29/2013 by [REDACTED] indicates prior request for MRI of the knee have been denied. The treating physician states the patient has undergone 2 previous arthroscopies of the knee. He continues to have incapacitating pain, swelling, and painful range of motion of his knee as well as giving away and occasional locking. Examination showed moderate effusion, joint line tenderness specifically over the medial joint line with popping on range of motion. The treating physician goes on to argue given the fact the patient has had 2 previous surgeries, continued moderate effusion, and medial joint line tenderness with popping with at least 6 months of conservative therapy an MRI at this juncture is indicated. Utilization review dated 01/10/2014 denied the request stating patient has osteoarthritis and has undergone intervention nearly a decade. MRI would not be expected to reveal any clinically enlightening information to prompt additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LEFT KNEE: Overturned

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, INDICATIONS FOR IMAGING- MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004).

Decision rationale: This patient presents with continued complaints of left knee pain. The treating physician is requesting a repeat MRI of the left knee. Prior MRIs of the left knee have not been provided for review. ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemartrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG Guidelines may be more appropriate at addressing chronic knee pain. ODG Guidelines state that an MRI is reasonable if internal derangement is suspected. The treating physician explains that this patient has had 2 surgeries, and 6 months of conservative care. Examination shows some positive findings as well for possible additional internal derangement. Recommendation is for authorization.