

Case Number:	CM14-0030523		
Date Assigned:	06/20/2014	Date of Injury:	12/07/2012
Decision Date:	07/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 31 year old female who reported an injury on 12/17/2012 due to an unknown mechanism of injury. The injured worker complained of constant burning pain in the left knee. On 08/28/2013 the physical exam revealed that squatting is limited to 60 percent due to pain. There was tenderness over the anterior lateral joint line and suprapatellar area. On elevation of the left leg she has posterior knee pain. The MRI on 03/11/2014 revealed no evidence of joint effusion, and intact cartilaginous surfaces. It also showed globular increased signal intensity within the posterior horn of the medial meniscus which is most consistent with intrasubstance degeneration. The injured worker had a diagnoses of left knee internal derangement and sprain. The past treatment included physical therapy, acupuncture, and pain management. On 11/07/2012 the injured worker had a left knee arthroscopy. The injured worker was on the following medications Tylenol, Motrin, Norco, and Naprosyn. The current treatment request is for outpatient repeat Magnetic Resonance Imaging (MRI) of the left knee. The rationale and request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient repeat Magnetic Resonance Imaging (MRI) of the left 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 and Leg Chapter, updated 01/02/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's (magnetic resonance imaging).

Decision rationale: The request for the outpatient repeat magnetic resonance imaging (MRI) of the left knee is non-certified. The injured worker has a history of constant pain in the left knee. The ODG guidelines state that repeat MRIs are recommended if need to assess knee cartilage repair tissue. In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard. MRI scans are accurate to diagnose meniscus tears. More than half of patients who had an MRI at the request of their referring physician, the MRI was not necessary. MRI was considered unnecessary if: X-rays alone could establish the diagnosis. MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. The documentation that was provided did not indicate that the injured worker had an unexpected finding that would affect treatment. The previous MRI did not note any meniscus tears, but revealed intrasubstance degeneration. In addition, there was no rationale for the request provided. Given the above, the request for a repeat magnetic resonance imaging (MRI) of the left knee is non-certified.