

Case Number:	CM14-0041291		
Date Assigned:	06/30/2014	Date of Injury:	10/17/2001
Decision Date:	08/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 66 year old female who sustained an injury to her right knee on 10/17/01 due to cumulative trauma while performing her usual and customary duties as a food service supervisor. Magnetic resonance image of the right knee on the three Tesla Phillips magnet on 07/30/13 revealed mild to moderate acute superimposed on chronic sprains of the collateral, posterior cruciate ligament, and anterior cruciate ligament; lateral meniscus anterior horn complex tear; complex tear of posterior horn of meniscus, suprapatellar joint effusion, and chronic appearing partial tear of the origin of the popliteus tendon; prominent edema within the popliteus muscle belly. Operative note dated 09/24/13 reported that the injured worker underwent right knee arthroscopy, chondroplasty, subtotal lateral meniscectomy and partial medial meniscectomy, subtotal synovectomy, removal of loose bodies, excision of adhesions, and debridement of partially torn anterior cruciate ligament and excision of pseudogout granulomas of the right knee. The injured worker completed at least post-operative physical therapy visits. Physical examination noted negative 12-110 degrees of active range of motion; patellar mobility mildly improved 40% of normal in superior to inferior direction and 60% of normal in medial to lateral direction. Muscle strength 4- to 4/5; flexibility testing revealed residual severe limitation with gluteus tight at 35 degrees, iliotibial band at 85 degrees, iliopsoas 50 degrees, hamstrings 35 degrees, calf 0 degrees, quadriceps 55 degrees. She was diagnosed with status post complex right knee arthroscopic surgery and traumatic degenerative arthritis of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Three tesla (3T) MRI (magnetic resonance imaging) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The request for 1 Three tesla (3T) MRI (magnetic resonance imaging) of the right knee is not medically necessary. Previous request was denied on the basis that the clinical documentation submitted for review did not indicate present of any ligamentous instability, meniscal tears, or chondral surface injuries to warrant medical necessity of the imaging modality. There was no documented re-injury to suspect recurrent damage. Plain radiographs of the right knee were not submitted for review. There was no mention that a surgical intervention was anticipated. There were no additional significant red flags identified. Given this, the request for 1 Three tesla (3T) MRI (magnetic resonance imaging) of the right knee is not indicated as medically necessary.