

Case Number:	CM14-0042034		
Date Assigned:	06/30/2014	Date of Injury:	12/07/2010
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/08/2014

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 Management and is licensed to practice in Tennessee. 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 is a 38-year-old male patient with a 12/7/10 date of injury. He injured himself while pulling a pallet and twisted his left knee. A progress report dated on 6/3/14 indicated that the patient continued to complain of bilateral knee pain, which could reach up to 9/10 on VAS scale. Objective findings revealed unrestricted range of motion in the bilateral knees. There was slight tenderness over both knees, especially after kneeling. On 2/4/14 progress report the patient reported about right knee locked up on him at times. He was diagnosed with left knee s/p meniscus tear, Chondromalacia of the right and left knee, and Status post left knee surgery. Treatment to date: bilateral knee injections (2/4/14). There is documentation of a previous 3/19/14 adverse determination, based on the fact that there was no documentation describing positive physical findings in regards to meniscal tear or ligamentous injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRIs of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 18th Edition, 2013: Knee and Leg: MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter).

Decision rationale: CA MTUS recommends MRI 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. The patient presented with bilateral knee pain. It was noted that the patient's right knee had locked on him on several occasions. It was also noted that he had previous MRI in 2012. There were no MRI results provided in the medical records for review. There is no clear documentation of any significant changes in the patient's condition that would warrant repeat imaging, particularly in light of the fact that the previous MRI results were not provided. Therefore, the request for Repeat MRIs of the bilateral knees was not medically necessary.