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| Case Number: | CM14-0043075 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 06/17/2003 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 Occupational Medicine 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:

This is a 68 year old female with an injury date of 6/17/03. The exact mechanism of injury has not been described. On 1/21/14, the patient complained of pain to the right knee for over many years and has a history of arthritis. A limp is present on the right side when full weight bearing unassisted. X rays show severe osteoarthritis of the medial compartment. Patient also has been complaining of left knee pain since a left total knee arthroplasty back in 2007. A total left knee revision was performed in late 2012. Claimant wanted to proceed with total knee replacement to the right knee however is hesitant due to the complications she experienced with the left knee. Diagnostic Impression: osteoarthritis. Treatment-to-date: home exercise, medication management, left knee total replacement. A UR decision dated 3/25/14 denied the request for the Zimmer MRI to right knee due to the fact that there is insufficient reason for the use of the Zimmer MRI for the sole purpose of a custom knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zimmer Magnetic Resonance Imaging (MRI) of Right 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 Chapter.

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: Imaging, Custom-Fit Knee Replacement.

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. However, the guidelines state the use of Zimmer MRI is under study, awaiting higher quality trials as the benefits are unproven. The patient also has a history of a Zimmer left knee replacement, which has resulted in complications. At this time there is insufficient reason for the requested MRI for the sole purpose of a custom knee replacement. Since the custom knee replacement was not found to be medically necessary, the associated request for a MRI cannot be substantiated. Therefore, the request for Zimmer Magnetic Resonance Imaging (MRI) of Right Knee is not medically necessary.