

Case Number:	CM14-0045688		
Date Assigned:	06/27/2014	Date of Injury:	09/23/2007
Decision Date:	08/21/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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:

The patient is a 57-year-old female who has submitted a claim for cervical strain, shoulder tendinitis, lumbar strain, and right more than the left knee arthritis associated with an industrial injury date of September 23, 2007. Medical records from 2013-2014 were reviewed. The patient complained of persistent right knee pain. There was popping and giving out noted. Physical examination showed pain on the medial joint line of the right knee. There was clicking on range of motion testing. X-ray of the right knee (undated) showed moderate degenerative joint disease. Official report of the study was not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, lumbar epidural steroid injections, and right knee arthroscopic surgeries. Utilization review, dated April 3, 2014, denied the request for MRI without contrast right knee because there was no objective clinical documentation indicating failure of conservative treatment and it was unclear if the patient had a previous MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast right knee 73721: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Section, MRI.

Decision rationale: As stated on the Knee Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, MRI is recommended 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; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, the patient has right knee pain with popping and giving out noted. Physical examination only showed pain on the medial joint line and clicking on range of motion testing. There was not enough objective evidence that would suggest internal derangement or damage to the ligaments of the knee. There was no recent injury or trauma to the knee noted that may warrant this request. Furthermore, x-ray of the right knee (undated) only showed moderate degenerative joint disease. Therefore, the request for MRI without contrast right knee 73721 is not medically necessary.