MAXIMUS Federal Services

Case Number:	CM14-0052935		
Date Assigned:	07/07/2014	Date of Injury:	11/02/2009
Decision Date:	09/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 60-year-old male who has submitted a claim for Generalized Arthritis of the Left Knee associated with an industrial injury date of November 2, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral knee pain. On physical examination, there were well-healed arthroscopic portals of the left knee with positive patellofemoral grind and crepitation. A recent physical examination of the right knee was not included in the records for review. MRI of the right knee without contrast dated October 1, 2013 revealed findings consistent with interval partial medial and lateral meniscectomies since the prior exam dated November 30, 2009; no evidence of recurrent meniscal tear; generalized medial femoral condyle and medial tibial plateau cartilaginous thinning with focal fissure of the articular cartilage posteriorly involving the medial femoral condyle; lateral tibial plateau cartilaginous fissure; focal area of moderate to severe thinning of the trochlear articular cartilage; small knee effusion; and a tiny Baker's cyst. Treatment to date has included medications, left knee arthroscopy with revision arthroscopy and loose body removal, Synvisc injection to the left knee, and knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the 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): 13-1.

Decision rationale: According to ACOEM Practice Guidelines referenced by the California 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, and to determine extent of ACL tear preoperatively. In this case, MRI of the right knee was requested due to right knee pain. However, the records did not include recent physical examination findings pertaining to the right knee. There was also no documented episodes of knee instability or recurrent effusion. Moreover, the patient already underwent a recent MRI of the right knee dated October 1, 2013 and there was no rationale provided as to why a repeat MRI was needed. There is no clear indication for the requested service. Therefore, the request for MRI without contrast of the right knee is not medically necessary.