

Case Number:	CM14-0061612		
Date Assigned:	07/11/2014	Date of Injury:	05/06/2010
Decision Date:	08/12/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 5/6/10. The diagnoses include right status post arthroscopy July 2012 with no improvement, left knee internal derangement, status post arthroscopy, non-industrial, intermittent right leg radiculopathy, right knee internal derangement with severe valgus deformity, facet arthropathy L4-L5, degenerative disc disease L3-L5, with mild bilateral stenosis at L4-L5, anterolisthesis L5-S 1. The patient is also undergoing treatment for breast cancer. Under consideration is a request for MRI of the right knee and MRI of the left knee. Per documentation the patient underwent right knee arthroscopy on 7/2012 with no improvement. She also underwent an undated left knee arthroscopy (non industrial). Per documentation the patient had a right knee MRI on 1/20/12. The right knee MRI shows: Joint effusion with some degenerative changes and absence of anterior horn of the lateral meniscus may be due to tear, injury. Reactive bone formation of the lateral tibial plateau in a 3 cm area. Lateral and collateral ligament area shows "widening and bright signal" suggestive of a tear. There is a 3/17/14 office visit document that states that the patient has had an onset of left shoulder pain over the last few months secondary to use of a single point cane, which she utilizes for her ongoing lower extremity complaints. Her left knee pain worsens after walking approximately 1/4 of a mile. She continues to undergo Herceptin infusions every 3 weeks secondary to breast cancer, and is scheduled for reconstructive surgery on March 25, 2014. On exam she has low back pain radiating into the right hip, rated a 5/10 on VAS. She has complaints of right knee pain, and occasional left knee instability, rated a 5/10 on VAS. On exam of the shoulders reveals a normal contour. There is no evidence of appreciable swelling over the bilateral shoulders. There is no gross atrophy of the shoulder musculature or pain with palpation around the shoulder. Sensory examination of the upper extremities is intact for the median, ulnar

and radial nerves. Positive impingement sign on the left. 5+ strength left rotator cuff. The treatment plan included a cortisone injection into the shoulder and physical therapy. There is a 2/14/14 document that states that the patient has right knee, right greater trochanter, low back and left shoulder pain. The treatment plan included to continue medications, and continue breast cancer follow up. There were no objective findings from a physical exam on this document. There is an 11/4/13 document that states that the patient has a valgus deformity, severe on the right and mild on the left. She utilizes a right knee brace. There is palpable tenderness over the medial and lateral joint line, as well as over the LCL on the right. There is no diminished motion of the patella. There is no crepitation of the patella bilaterally, Patellar compression test causes no discomfort. Apprehension test is negative bilaterally. There is decreased bilateral knee flexion and extension range of motion. McMurray's test is negative. There is non-specific pain upon meniscal testing. Meniscal testing is unremarkable. The knee is stable to 0 and .30 degree abduction and adduction stress. Anterior Drawer sign is stable in neutral, external and internal rotation. Lachmann's test is negative bilaterally. Posterior Drawer sign is negative bilaterally. Sag test of the tibia is negative bilaterally. The plan includes an extension of the request for authorization for the patient to see a physician for her severe knee pain. A prescription of Percocet was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331, 335.

Decision rationale: An MRI of the right knee is not medically necessary per the ACOEM MTUS guidelines. The ACOEM Knee Chapter states that if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present and if any tests are needed to guide treatment at this stage. The documentation submitted does not reveal physical exam findings of red flag conditions or ligamentous/mechanical derangement in the knee, therefore the request for MRI of the right knee is not medically necessary.

MRI left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331, 335.

Decision rationale: An MRI of the left knee is not medically necessary per the ACOEM MTUS guidelines. The ACOEM Knee Chapter states that if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present and if any tests are needed to guide treatment at this stage. The documentation submitted does not reveal physical exam findings of red flag conditions or ligamentous/mechanical derangement in the knee, therefore the request for MRI of the left knee is not medically necessary