

Case Number:	CM14-0070235		
Date Assigned:	08/08/2014	Date of Injury:	10/23/2006
Decision Date:	10/03/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/15/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 62-year-old female who sustained a vocational injury on 10/23/06. Documentation presented for review suggests the claimant has been authorized to have a right total knee arthroplasty. According to the medical records, the claimant has been ordered to have an MRI prior to proceeding with right total knee arthroplasty. This request is for an 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:

Right knee MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: MRI's (magnetic resonance imaging)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to a preoperative MRI. The Official Disability Guidelines note in most cases diagnosing osteoarthritis with an MRI is both unnecessary and costly. Although weight bearing x-rays are sufficient to diagnose osteoarthritis of the knee, referring physicians and some orthopedic

surgeons sometimes use MRI either with or instead of weight bearing x-rays for the diagnosis. For total knee arthroplasty patients, about 95% to 98% of the time they do not need an MRI. Osteoarthritis patients also expect to be diagnosed with MRIs and sometimes this quest influences MRI use. In this case, there is no documentation presented for review to support the need for the requested MRI. Documentation suggests the claimant has been clearly diagnosed with end stage arthritis based on physical exam findings and x-ray findings. There is no documentation to indicate that the claimant has had a change in his condition or has developed new physical findings to warrant further diagnostic evaluation. Therefore, the medical records do not indicate a circumstance for which a preoperative MRI would be medically necessary.

Purchase of one [REDACTED] Cooling System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Durable Medical Equipment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & leg chapter: Continuous-flow cryotherapy

Decision rationale: The California ACOEM Guidelines support the use of ice packs for comfort in the home setting. The Official Disability Guidelines support the use of continuous flow cryotherapy, which an iceman cooling system is, for up to seven days in the postoperative setting including home use. Subsequently, the request for purchase of a continuous flow cryotherapy system such as an iceman cooling system cannot be considered medically necessary in the postoperative setting following total knee arthroplasty as it would only be used for seven days. Therefore, based on the Official Disability Guidelines, the request for purchase of an [REDACTED] cooling system cannot be considered medically necessary.