

Case Number:	CM14-0073986		
Date Assigned:	07/16/2014	Date of Injury:	05/01/2008
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 57 year old female employee with date of injury of 5/1/2008. A review of the medical records indicates that the patient is undergoing treatment for left knee pain, right knee contusion, and bilateral knee joint pain. Subjective complaints included hypertension and pain in her knees. Objective findings include tenderness and bruising in the right knee; the left knee was swollen with effusion. Treatment has included Lidoderm patch and topical medication. Other current medications include Align, Benicar, Calcipotrine, Celebrex, Diclofenac, Lioderm, Naproxen, Prilosec, Tramadol-APAP, and Voltaren gel. The utilization review dated 5/9/2014 non-certified the request for MRI Left Knee and MRI Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 329-360.

Decision rationale: ODG Indications for Knee imaging -- MRI (magnetic resonance imaging):- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect

posterior knee dislocation or ligament or cartilage disruption.- Nontraumatic knee pain, child or adolescent: non patellofemoral symptoms. Initial anteroposterior and lateral radiographs non diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected.- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)The treating physician has not provided documentation of red flags or new trauma to the knee to meet the above ODG guidelines. In addition, ACOEM guidelines state that special studies such as an MRI are not needed to evaluate most knee complaints until after a period of conservative care and observation. Evidence of a trial and failure of conservative treatment was not provided by the treating physician. As such the request for MRI Left Knee is not medically necessary.

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): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI.

Decision rationale: ODG Indications for Knee imaging -- MRI (magnetic resonance imaging):- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.- Nontraumatic knee pain, child or adolescent: non patellofemoral symptoms. Initial anteroposterior and lateral radiographs non diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected.- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)The treating physician has not provided documentation of red flags or new trauma to the knee to meet the

above ODG guidelines. In addition, ACOEM guidelines state that special studies such as an MRI are not needed to evaluate most knee complaints until after a period of conservative care and observation. Evidence of a trial and failure of conservative treatment was not provided by the treating physician. As such the request for MRI Right Knee is not medically necessary.