

Case Number:	CM14-0086101		
Date Assigned:	07/23/2014	Date of Injury:	05/08/2004
Decision Date:	09/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

According to the records made available for review, this is a 49-year-old female with a 5/8/04 date of injury. At the time (5/9/14) of request for authorization for right knee repeat MRI, there is documentation of subjective (continued pain in the right knee) and objective (right knee tender joint line, positive McMurray, decreased flexion, painful flexion, and knee atrophy) findings, reported imaging findings (right knee MRI (6/28/04) report revealed no meniscal tear, 1 cm sharply circumscribed cyst in the posterior marrow of the distal shaft of the femur), current diagnoses (knee pain, joint pain leg), and treatment to date (medications and activity modification). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Repeat 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, Treatment Index, 12th Edition (web) 2014, Knee and Leg, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Other Medical Treatment Guideline

or Medical Evidence: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100
Parameters for Medical Imaging Official Disability Guidelines (ODG) Knee, Magnetic resonance
imaging (MRI).

Decision rationale: California MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of knee pain, joint pain leg. In addition, there is documentation of a prior right knee MRI (6/28/04) revealing no meniscal tear. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for right knee repeat MRI is not medically necessary.