

Case Number:	CM14-0089571		
Date Assigned:	09/10/2014	Date of Injury:	06/26/2007
Decision Date:	10/07/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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:

The patient is a 73 year old male who was injured on 06/26/2007. The mechanism of injury is unknown. Diagnostic studies reviewed include x-rays of the right knee dated 07/03/2014 revealed moderately advanced arthritic disease at the right knee particularly pronounced at the medial weightbearing and patellofemoral compartment with hypertrophic spur formation. Progress report dated 05/12/2014 states the patient continues to complain of right knee pain but reported 50% relief with Celebrex. He rated his pain as 8-10/10 without medication and 4-5/10 with medication. On exam, he had decreased range of motion of the right knee with crepitus with fairly good range of motion. He is diagnosed with hip joint pain and lower leg pain. He was recommended for a MRI of the right knee. Prior utilization review dated 05/29/2014 by [REDACTED] states the request for X-Ray of the right knee between 5/12/14 and 7/22/14 and MRI of the right knee between 5/12/14 and 7/22/14 is denied as medical necessity has not been established. Ortho consult, omeprazole and Celebrex are certified. Patient had x-ray of right knee in 2/2013 that showed prominent degenerative changes. Repeat xray is not needed without red flag consideration or rapid change in impression.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the right knee between: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-334.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Radiography

Decision rationale: Guidelines state that indication for knee x-ray include acute trauma or if the pain is nontrauma, nontumor, nonlocalized or patellofemoral pain. UT report stated that the patient had x-ray of right knee in 2/2013. The medical record did not document any red flag symptoms or rapid change in symptoms. The medical necessity is not established for the repeat knee X-ray.

MRI of the right knee between: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI Knee

Decision rationale: Guidelines state that knee MRI is recommended for soft tissue injuries (meniscal, chondral surface injuries and ligamentous disruption). In patients with non-acute pain, MRI should be performed to exclude the need for arthroscopy. In most cases, diagnosing osteoarthritis with an MRI is unnecessary and costly. The medical records do not indicate these injuries or that arthroscopy is being considered yet. The medical necessity for MRI is not established.