

Case Number:	CM14-0003396		
Date Assigned:	01/31/2014	Date of Injury:	08/01/1993
Decision Date:	02/05/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/09/2014

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 Rehab, has a subspecialty in Interventional Spine 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 54 year old male with an injury date of 08/01/93. Based on the 11/19/13 progress report provided by treating physician, the patient complains of pain to his lower back as well as radicular symptoms to both lower extremities. He rates his pain as 4/10. The patient is status-post surgical procedure 12/02/13. Physical examination of the patient's right knee reveals tenderness to palpation along the medial and lateral joint line with mild crepitus noted with general range of motion. The patient's medications include norco, anaprox, fexmid, prilosec, xanax, trazodone, lexapro, and dendracin. Treating physician report from 01/17/13 describes aching and throbbing pain with decreased ROM of the knee. Right knee MRI dated 09/03/10 per treating physician report dated 11/19/13, showed posterior interior margin tear of the medial meniscus. Diagnosis 11/19/13- Cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy.- Thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10.- Lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy.- Bilateral peroneal neuropathy.- Bilateral knee internal derangement, right greater than left.- Left ankle traumatic arthritis.- Reactionary depression/anxiety.- Medication induced gastritis.- Non-insulin dependent diabetes mellitus, industrially related.- Bilateral ulner nerve entrapment. The utilization review determination being challenged is dated 12/10/13. The rationale is: "... Guidelines indicate repeat knee MRI is only appropriate for post-op evaluation to assess repair." Treatment reports were provided from 04/11/13-12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): TABLE 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341,342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg chapter, MRI.

Decision rationale: The patient presents with bilateral knee internal derangement, right greater than left. The request is for MRI of the Right Knee. Patient's diagnosis on 11/19/13 included bilateral knee internal derangement, right greater than left; lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy; bilateral peroneal neuropathy; and left ankle traumatic arthritis. Treating physician report from 01/17/13 describes aching and throbbing pain with decreased ROM of the knee. Physical examination of the patient's right knee on 11/19/13 revealed tenderness to palpation along the medial and lateral joint line with mild crepitus noted with general range of motion. The patient's medications include Norco, Anaprox, Fexmid, Prilosec, Xanax, trazodone, Lexapro, and Dendracin. Right knee MRI dated 09/03/10 per treating physician report dated 11/19/13, showed posterior interior margin tear of the medial meniscus. ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. UR letter dated 12/10/13 states "... guidelines indicate repeat knee MRI is only appropriate for post-op evaluation to assess repair..." Though patient has had prior MRI, given the diminished ROM, persistent pain, and diagnosis of internal knee derangement, an MRI would be appropriate and is indicated by guidelines. Therefore the request IS medically necessary.