

Case Number:	CM14-0185212		
Date Assigned:	11/13/2014	Date of Injury:	10/28/2013
Decision Date:	01/02/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 & Rehabilitation, 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 37 year old female with an injury date of 10/28/13. Based on the treater's progress report dated 10/01/14, the patient is p/s knee surgery and has seen slow progress bilaterally. The patient also suffers from significant ankle pain and has limited function. In progress report dated 09/23/14, the patient complains of sharp and throbbing bilateral knee pain rated at 6/10. The pain prevents her from walking, standing and sleeping. Physical examination reveals tenderness to palpation to the bilateral knees. In progress report dated 09/18/14, the patient has difficulty walking. Ranges of motion for bilateral knees are limited with flexion and extension at 0. In progress report dated 08/29/14, the treater states that "any attempted mobility results in fairly significant pain response from the patient." Physical examination, as per progress report dated 08/11/14, reveals soft tissue swelling along with peripatellar, medial and lateral joint tenderness on the right side. There is slight swelling and global tenderness to palpation around the left knee. Patient has had knee surgeries on both sides, as per progress report dated 08/29/14. She is regularly using a walker, as per progress report dated 10/01/14. She is also using Vicodin to manage the pain, as per the same progress report. The patient has received physical therapy for the right knee after the surgery, as per progress report dated 08/11/14. The patient has been allowed to return to modified work, as per progress report dated 10/01/14. MRI of the Left Knee, 08/04/14, as per progress report dated 08/11/14: 1) Mild degenerative signal of the posterior horn of the medial meniscus, 2) Mild prepatellar bursitis, 3) Small knee joint effusion. Diagnosis, 10/01/14: 1) Pain, joint, knee, left, 2) Pain, joint, knee, right, 3) Ankle joint pain, 4) Bilateral wrist pain. The treater is requesting for MRI without contrast of the left knee. The utilization review determination being challenged is dated 10/06/14. The rationale was "Repeat

MRI's are indicated only if there has been progression of the injury." Treatment reports were provided from 04/07/14 - 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the Left Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, MRI

Decision rationale: The patient is p/s knee surgery with slow progression bilaterally, as per progress report dated 10/01/14. The bilateral knee pain is rated at 6/10, as per progress report dated 09/23/14. The request is for MRI without contrast of the left knee. ODG guidelines, chapter 'Knee & Leg' and title 'MRI's (Magnetic Resonance Imaging), state "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." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." In this case, the patient is p/s knee surgery on both sides. The right knee surgery was done on 05/30/14, as per the operative report. The actual date for the left knee surgery is not mentioned in the available reports. However, progress report dated 08/29/14 states that the patient underwent left knee surgery "some 6 months ago." Subsequently, the patient experienced "marked flare apparently in the L," as per progress report dated 07/25/14. She received a MRI for the left knee on 08/04/14. In progress report dated 10/01/14, the treater states that the patient and her nurse case manager are "focused on post-op MRI of the knee it is probably worthwhile to order this at this point in time." Since the symptoms continue to persist after the surgery as well and the ODG guidelines recommend repeat MRIs "to assess knee cartilage repair tissue," the request is medically necessary.