

Case Number:	CM14-0187758		
Date Assigned:	11/18/2014	Date of Injury:	09/22/1998
Decision Date:	01/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/11/2014

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 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:

This 63 year-old patient sustained an injury on 9/22/1998 while employed by [REDACTED]. Request(s) under consideration include Retrospective review for MRI of the right and left knee. Diagnoses include status post (s/p) right knee arthroscopic surgery on 7/31/02 and left arthroscopic surgery on 9/16/04 with post-operative physical therapy with improvement. The report noted that the patient had chronic ongoing mild knee pain at rest and activity triggering pain. Exam noted mild effusion in bilateral knees with mild joint tenderness and range of 0-130 degrees. Utilization peer discussion on 10/28/14 documented office staff stating the patient already had right knee MRI done on 9/8/14 and was released on 9/29/14, without any current request for the knee MRI. The right knee MRI of 9/8/14 noted findings suggestive of prior medial meniscectomy rather than bucket handle-type tear; subtle residual or recurrent tearing remnant of posterior horn of medial meniscus with subchondral bone cyst; patellar tendinitis/tendinopathy; and articular cartilage loss with medial patellar facet articular cartilage loss. The request(s) for Retrospective review for MRI of the right and left knee was non-certified on 10/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for MRI of the right and 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): 341-343.

Decision rationale: The Guidelines state that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings with evidence of internal derangement, acute flare-up, new injuries, failed conservative knee treatment trial or progressive change to support for the imaging study. Therefore, the retrospective review for MRI of the right and left knee is not medically necessary and appropriate.