

Case Number:	CM14-0187886		
Date Assigned:	11/18/2014	Date of Injury:	11/12/2011
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
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 Occupational Medicine and is licensed to practice in Massachusetts, New York and New Hampshire. 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 injured worker is a 56-year-old male who reported an injury on 11/12/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of medial meniscus tear/derangement, derangement of lateral meniscus not otherwise specified, and knee strain. Past medical treatment consists of the use of a TENS unit, ice, knee bracing, and medication therapy. Medications include Butrans, Lyrica, diclofenac, Quazepam, omeprazole, and tramadol. No pertinent diagnostics were submitted for review. On 10/09/2014, the injured worker complained of left knee pain. He described it as sharp, burning, aching, nagging, and throbbing. He rated the pain at its worst an 8/10, at its best an 8/10, and an average of 8/10. Physical examination noted edema in the left knee. No warmth over the joints. No erythema. Crepitus was positive. There was tenderness to palpation in the medial joint line. Range of motion revealed a flexion to the left of 120 degrees, flexion to the right of 120 degrees, extension to the left of 180 degrees, and extension to the right of 180 degrees. Motor strength revealed 5/5. Sensation was intact to light touch in dermatomes L3 through S1 bilaterally. The medical treatment plan is for the injured worker to undergo an MRI of the left knee without contrast. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI.

Decision rationale: The request for a magnetic resonance imaging (MRI) of the left knee without contrast is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend the use of an MRI when there is unequivocal objective findings that identify specific disorders when soft tissue (such as tendinitis, metatarsalgia fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, eg magnetic resonance imaging. An MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The Official Disability Guidelines further state that MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. MRIs should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the injured worker is not within the CA MTUS/ACOEM does, or within The Official Disability Guidelines. The submitted documentation lacked any quantified evidence of neurologic dysfunctions, or deficits in muscle strength and range of motion. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. It was documented that the injured worker's sensation to touch and pinprick was intact, there were no suggestive findings of significant pathology, to include a tumor or infection. As such, there is no medical necessity for an MRI of the right knee without contrast. Given the above, the request is not medically necessary.