

Case Number:	CM14-0189716		
Date Assigned:	11/21/2014	Date of Injury:	10/28/2011
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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 & 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 injured worker is a 31-year-old male with date of injury of 10/20/2011. The listed diagnosis from 09/15/2014 is status post right knee arthroscopy. According to this report, he complains of little discomfort in his right knee. He has steadily improved with physical therapy and home exercises. The examination reveals evidence of notable medial collateral ligament tenderness. There is no swelling or effusion. Motor and sensory function is intact distally. The documents including MRIs of the right knee from 2011, 2012, 02/12/2014, right knee arthroscopy operative report from 05/08/2014, QME report from 04/30/2013, and progress reports from 07/03/2013 to 09/15/2014. The utilization review denied request on 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Overturned

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 and 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter on MRI

Decision rationale: This Injured worker presents with right knee pain. The Injured worker is status post right knee arthroscopy from 05/08/2014. The treater is requesting an MRI of the Right Knee. The ACOEM guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "Repeat MRIs: Post-surgical if a need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The 08/15/2014 report shows that the Injured worker notes pain of the right knee especially after a long day's work. Examination shows clean surgical incisions. There is minimal swelling. There is a point of tenderness in the inferior pole of the patella. The 09/15/2014 report notes, "Given this injured workers continued complaints of pain and at times indicates that he does note some mild instability of the knee. This will help [us] determine if in fact there is any re-tear of the meniscal tissue or any other abnormality which would lead to the instability." Given the patient's recent right knee surgery a follow-up MRI is recommended by ODG. The request is medically necessary.