

Case Number:	CM14-0190622		
Date Assigned:	11/24/2014	Date of Injury:	06/25/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine 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 an injured worker with a history of right knee injury. MRI magnetic resonance imaging of right knee performed 8/9/13 demonstrated faint linear increase in signal intensity which extends to the inferior articular surface of the posterior horn of medial meniscus, but which may be too subtle to represent a posterior horn medial meniscal tear. No evidence for ligamentous rupture was noted. The medial and lateral collateral ligaments appear intact. The anterior cruciate ligament appears intact. The posterior cruciate ligament appears intact. The quadriceps and patellar tendons appear intact. Right knee arthroscopy with partial medial meniscectomy and tricompartmental synovectomy was performed 2/21/14. The secondary treating physician's progress report dated June 10, 2014 documented chief complaints of low back pain and right knee pain. The patient had a right knee arthroscopy. This has helped. When she lifted a heavy material, she not only injured her right knee but she also injured her low back. Physical examination was documented. Examination of the right knee reveals there is no effusion. Range of motion is from zero to 100 degrees of flexion. There is no laxity to varus or valgus stress. There is a positive apprehension sign. Diagnosis was right knee arthroscopy for medial and lateral partial meniscectomy. Treatment plan was documented. The patient has been through physical therapy. Sleep study was recommended. Naprosyn was recommended. Primary treating physician's permanent and stationary report dated August 13, 2014 documented that the date of injury of June 25, 2013. On the date of injury, the patient was lifting a heavy box. She twisted her right knee. She started developing right knee. She had right knee surgery by [REDACTED]. Her level of pain has improved. She continues to have leg pain. The patient reports moderate right knee pain. With respect to the right knee, the patient has had an arthroscopy with a partial medial and lateral meniscectomy and has recovered. She is permanent and stationary. Physical examination of her right knee reveals well-healed surgical scar, and no effusion. There

is 0-120 degrees of flexion. No laxity in varus or valgus stress was noted. Negative anterior drawer was noted. Negative posterior drawer was noted. Diagnosis was right knee arthroscopy with partial medial, and lateral meniscectomy and partial synovectomy. Primary treating physician's permanent and stationary report dated August 27, 2014 documented that the patient was alert and oriented. Patient had normal balance. No gross muscle weakness was noted. Patient has no gross deficits except for those noted in extremity exam. No tremors were noted. The patient continues to have pain in the right knee. There is a positive patellar apprehension and positive crepitation with range of motion and no laxity. There is 0 to 100 degrees of flexion. There is no laxity on varus/valgus stress. Diagnosis was right knee arthroscopy with partial medial and lateral meniscectomy and post traumatic arthritis. The patient was made permanent and stationary. MRI magnetic resonance imaging of the right knee was requested 10/23/14.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 341, 343-345, 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. Medical records indicate that right knee arthroscopy with partial medial meniscectomy and tricompartmental synovectomy was performed on 2/21/14. MRI magnetic resonance imaging of right knee performed 8/9/13 demonstrated faint linear increase in signal intensity which extends to the inferior articular surface of the posterior horn of medial meniscus, but which may be too subtle to represent a posterior horn medial meniscal tear. No evidence for ligamentous rupture was noted. The medial and lateral collateral ligaments appear intact. The anterior cruciate ligament appears intact. The posterior cruciate ligament appears intact. The quadriceps and patellar tendons appear intact. The secondary treating physician's progress report dated June 10, 2014 documented that examination of the right knee revealed no effusion. Range of motion is from zero to 100 degrees of flexion. There is no laxity to varus or valgus stress. Primary treating physician's permanent and stationary report dated August 13, 2014 documented that physical examination of her right knee reveals well-healed surgical scar, and no effusion. There is 0-120 degrees of flexion. No laxity in varus or valgus stress was noted. Negative anterior drawer was noted. Negative posterior drawer was noted. Primary treating physician's permanent and stationary report dated August 27, 2014 documented that the patient had normal balance. No gross muscle weakness was noted. There is a positive patellar apprehension and positive crepitation with range of motion and no laxity. There is 0 to 100 degrees of flexion.

There is no laxity on varus/valgus stress. The submitted medical records indicate a stable right knee physical examination status post right knee arthroscopic surgery. No acute injury was documented. No rationale for right knee MRI magnetic resonance imaging was present in the submitted medical records. The medical records do not provide support for MRI magnetic resonance imaging of the right knee. Therefore, the request for MRI of the right knee is not medically necessary.