MAXIMUS Federal Services

Case Number:	CM14-0193195		
Date Assigned:	11/26/2014	Date of Injury:	04/26/2001
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 and 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:

The injured worker is a 61-year-old male who sustained a work-injury on 4/26/01. The injury occurred when the claimant slipped and fell while stepping on a narrow pipe. Records indicate the injured worker has a history of two prior right arthroscopic knee surgeries with the most recent in 2008. Records suggest an MRI of the right knee was last performed in 2010, which showed no indication of meniscus tear, but did reveal chondromalacia of the medial femoral condyle and medial patellar facet. Treatment has included physical therapy, knee bracing, knee steroid, orthovisc injection, The treating physician report dated 10/31/14(48) reveals the injured worker has persistent complaints of progressive right knee pain of moderate intensity, aggravated by activity. He also complains of ongoing sharp pain in the left knee upon extension. Physical exam findings of the right knee indicate 0-130 degrees range of motion, and tenderness along the pes anserinus. The current diagnoses are: 1. Mech pros joint implant; 2. Derangement of medial meniscus; 3. Enthesopathy of knee. The utilization review report dated 11/7/14 denied the request for Repeat MRI Right Knee based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary-Repeat MRIs

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

Decision rationale: The injured worker presents with ongoing right knee pain aggravated by activity following two arthroscopic surgeries with the most recent in 2008. The current request is for Repeat MRI Right Knee. In reviewing the treating physician reports provided, there is no discussion as to why another MRI is indicated when an MRI of the right knee was last performed in 2010. This MRI failed to demonstrate any tear in the meniscus. There was indication of chondromalacia of the femoral condyle and medial patellar facet. The MTUS guidelines do not address repeat knee MRI scans. The ODG states that MRI, post-surgical, are recommended if there is a need to assess knee cartilage repair tissue. The last MRI of the knee showed no injury to the cartilage. The treating physician offers no support as to why another MRI is necessary. Recommendation is that the request is not medically necessary.