

Case Number:	CM14-0197351		
Date Assigned:	12/05/2014	Date of Injury:	08/28/1996
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of August 28, 1996. In a Utilization Review Report dated November 11, 2014, the claims administrator failed to approve a request for knee MRI imaging. The claims administrator referenced an October 28, 2014 progress note in its denial. In said October 28, 2014 progress note, the applicant reported ongoing complaints of right knee pain status post a total knee arthroplasty. The applicant reported persistent complaints of knee pain status post total knee arthroplasty, 8/10. The applicant scored her pain at 8/10. The applicant was given a refill of Norco. The applicant was ambulating with the aid of a cane. Both a triple phase bone scan and MRI imaging were order to assess the integrity of the applicant's indwelling knee hardware. In an earlier note dated May 5, 2014, the applicant again reported ongoing complaints of knee pain status post total knee arthroplasty. Work restrictions were endorsed. It was stated whether or not the applicant was or was not working with said limitations in place. On July 1, 2014, the applicant again reported persistent complaints of knee pain status post total knee arthroplasty. The applicant was reportedly using a walker to move about. The applicant was more reliant on a knee walker, it was stated in the subjective section of the report. The applicant exhibited an antalgic gait in the objective section of the report, it was stated. The applicant was still reportedly waiting on a bone scan. Norco and tramadol were renewed. On July 29, 2014, the attending provider noted that the applicant again reported ongoing complaints of knee pain. Norco and Flector were endorsed. It was stated that the applicant had a pending hearing before the Workers' Compensation Appeal Board (WCAB) to discuss the bone scan. On August 18, 2014, the applicant again reported ongoing complaints of knee pain. The attending provider complained that an earlier Independent Medical Review decision was flawed because it did not factor into account all obtained medical records. The

applicant was apparently using a cane. The applicant was not working, it was acknowledged. On September 29, 2014, the attending provider again stated that the applicant was pending a bone scan to assess the bone quality status post total knee arthroplasty. 7/10 pain was noted. Norco, Flector, tramadol, and Celebrex were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast to the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2014, Knee & Leg, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Appropriateness Criteria Imaging After Total Knee Arthroplasty

Decision rationale: The MTUS does not address the topic of knee imaging following a total knee arthroplasty. As noted by the American College of Radiology (ACR), however, the procedure recommended in applicants with residual pain after a total knee arthroplasty is x-ray imaging of the knee. X-ray imaging of the knee scored a "9/9" by the American College of Radiology is recommended as the initial procedure of choice in applicants with residual pain following a total knee arthroplasty. The MRI imaging at issue, by contrast, is scored a "1/9" by ACR as the initial procedure of choice in applicants with residual pain after total knee arthroplasty. In this case, multiple progress notes, referenced above, including those dated October 28, 2014, May 27, 2014, May 5, 2014, July 1, 2014, and July 29, 2014 contained no references to the applicant's having obtained and/or considered earlier plain film knee MRI imaging. While ACR does acknowledge that MRI imaging scored a "5/9" in its ability to assess pain after a total knee arthroplasty in applicants in whom infection is suspected in whom joint cultures were negative or inconclusive following negative radiograph, in this case, however, there was no mention of the applicant's having had earlier negative radiographs of the knee following total knee arthroplasty. There was no mention of the applicant's having had a negative or inconclusive joint aspiration culture. The attending provider's progress notes, referenced above, contained no references to what imaging studies and/or workup had transpired up through the dates of MRI imaging of the knee was sought, on October 28, 2014. Bone scanning was, it is incidentally noted, concomitantly sought. If positive, the concomitantly ordered bone scanning, furthermore, would likely obviate the need for the proposed knee MRI imaging. For all of the stated reasons, then, the request is not medically necessary.