MAXIMUS Federal Services

Case Number:	CM14-0200181		
Date Assigned:	12/10/2014	Date of Injury:	04/27/2005
Decision Date:	01/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 75-year-old male with a 4/27/05 date of injury, and status post left total knee arthroplasty on 9/23/13. At the time (10/21/14) of request for authorization for MRI or Other Studies Necessary for Left Patella "Tracking", there is documentation of subjective (left knee pain) and objective (decreased range of motion of the left knee, synthetic scar tissue above the knee, and slight decrease in quad strength) findings, imaging findings (X-ray of the left knee (7/30/14) report revealed patellar tilt and the prosthesis is in good position and alignment), current diagnoses (right knee sprain), and treatment to date (patellar centering knee brace and medications). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI or Other Studies Necessary for Left Patella "Tracking": Upheld

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): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as non-diagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain; initial anteroposterior and lateral radiographs non-diagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs non-diagnostic; non-trauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. Within the medical information available for review, there is documentation of a diagnosis of right knee sprain. However, despite documentation of subjective (left knee pain) and objective (decreased range of motion of the left knee and slight decrease in quadriceps strength) findings and given documentation of imaging findings (X-ray of the left knee identifying (patellar tilt and the prosthesis is in good position and alignment), there is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain; initial anteroposterior and lateral radiographs non-diagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs non-diagnostic; non-trauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement). Therefore, based on guidelines and a review of the evidence, the request for MRI or Other Studies Necessary for Left Patella "Tracking" is not medically necessary.