MAXIMUS Federal Services

Case Number:	CM14-0202213		
Date Assigned:	12/12/2014	Date of Injury:	08/14/2014
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 New York. 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:

This 63 year old male sustained a work related injury on 8/14/2014. The current diagnoses are right knee sprain/strain, rule out internal derangement and left knee sprain strain. According to the progress report dated 10/15/2014, the injured workers chief complaints were continued pain in the bilateral knees, 6/10 on a subjective pain scale. The physical examination revealed medial and lateral joint line tenderness, on the right and medial joint line tenderness, on the left. Positive Chondromalacia Patella compression test was noted on the right. Range of motion of the bilateral knees was slightly decreased. On this date, the treating physician requested an MRI of the left and right knee, which is now under review. The MRI was requested specifically to rule out any damage of ligaments, muscles and tendons. In addition to the MRI of the bilateral knees, the treatment plan included physical therapy, EMG/NCV of bilateral upper extremities, and MRI of the cervical spine and right shoulder. On 9/17/2014, the medication list included Anaprox, Fexmid, Ultram, Norco, Zanaflex, and Prilosec. When the MRI's were prescribed work status was temporarily totally disabled.On 11/4/2014, Utilization Review had non-certified a prescription for MRI of the left and right knee. The MRI of the bilateral knees was non-certified based on no documentation that internal derangement was suspected on examination. The California MTUS ACOEM Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 10/27/2014)

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

Decision rationale: There was no specific indication for the requested MRI of the left knee. Per the guidelines MRI of the knee is indicated for: Detection, staging, and post-treatment evaluation of tumor of the knee; or Fitting of implants for total knee arthroplasty; or1. Persistent knee pain/swelling and/or instability (giving way) not associated with an injury and not responding to at least 3 weeks of conservative therapy; or 2. Persistent knee pain/swelling and/or instability (giving way) secondary to an injury and not responding to conservative therapy when multi-view x-rays have ruled out a fracture or loose body in the knee and the clinical picture remains uncertain. Conservative therapy consists of a combination of rest, ice, compression, elevation, non-steroidal anti-inflammatory drugs (NSAIDs), crutches, and range of motion (ROM) exercises; or3. Persistent true locking of the knee indicative of a torn meniscus or loose body. (True locking is defined as more than a momentary locking of the joint with the knee in a flexed position, as compared to the sensation of momentary "catching" that many individuals experience in extension.); or4. Suspected bone infection (i.e., osteomyelitis); or5. Suspected osteochondritis dissecans or suspected osteonecrosis, if the clinical picture, including x-rays, is not confirmatory. There is no documentation of internal derangement on exam or plain x-ray results. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 10/27/2014)

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

Decision rationale: There was no specific indication for the requested MRI of the right knee. Per the guidelines MRI of the knee is indicated for: Detection, staging, and post-treatment evaluation of tumor of the knee; or fitting of implants for total knee arthroplasty; or6. Persistent knee pain/swelling and/or instability (giving way) not associated with an injury and not responding to at least 3 weeks of conservative therapy; or 7. Persistent knee pain/swelling and/or instability (giving way) secondary to an injury and not responding to conservative therapy when multi-view x-rays have ruled out a fracture or loose body in the knee and the clinical picture remains uncertain. Conservative therapy consists of a combination of rest, ice, compression, elevation, non-steroidal anti-inflammatory drugs (NSAIDs), crutches, and range of motion (ROM) exercises; or8. Persistent true locking of the knee indicative of a torn meniscus or loose body. (True locking is defined as more than a momentary locking of the joint with the knee in a

flexed position, as compared to the sensation of momentary "catching" that many individuals experience in extension.); or9. Suspected bone infection (i.e., osteomyelitis); or10. Suspected osteochondritis dissecans or suspected osteonecrosis, if the clinical picture, including x-rays, is not confirmatory. There is no documentation of internal derangement on exam or plain x-ray results. Medical necessity for the requested item has not been established. The requested item is not medically necessary.