

Case Number:	CM14-0204049		
Date Assigned:	12/16/2014	Date of Injury:	10/21/2002
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 68 year old male who suffered a work related injury on 10/21/2002. He complains of severe pain in his right knee. He has diagnoses of post-traumatic osteoarthritis with bone-on-bone disease and moderate medial collateral ligament insufficiency, previous myocardial infarctions, diabetes, lumbar disc disease, and rotator cuff repair on 11/05/2013. A physician progress note dated 10/15/2014 documents he has pain with hyper flexion, medial and lateral joint line tenderness, 3+ patellofemoral crepitus, and mild positive tension signs with respect to the bilateral lower extremities. X ray of the bilateral knees reveals severe bone-on-bone medial compartment osteoarthritis, and moderate patellofemoral osteoarthritis. The lateral compartment is mildly arthritic. X rays of the lumbar spine reveal severe L5-S1 lumbar disc disease. Treatment request is for Magnetic resonance imaging right knee for evaluation for unicompartmental knee replacement surgery for submitted diagnosis of severe medial compartment osteoarthritis. Utilization Review dated 11/04/2014 non-certifies the request for Magnetic Resonance Imaging right knee for evaluation for unicompartmental knee replacement surgery for submitted diagnosis of severe medial compartment osteoarthritis, citing Official Disability Guidelines. The use of knee arthroplasty may be an option for individuals with osteoarthritis which is restricted to single compartment. The plain radiographs demonstrate tricompartmental osteoarthritic changes. The requested Magnetic Resonance Imaging to evaluate the possibility for unicompartmental knee replacement is considered not medically necessary as the claimant fails to qualify for a unicompartmental knee arthroplasty given the noted degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic resonance imaging right knee for evaluation for unicompartmental knee replacement surgery for submitted diagnosis of severe medial compartment osteoarthritis:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: According to MTUS guidelines, knee MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified and best evaluated with MRI. Therefore the request is not medically necessary.