

Case Number:	CM14-0205053		
Date Assigned:	12/17/2014	Date of Injury:	01/31/2012
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 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 patient is a female with date of injury 1/31/12. The treating physician report dated 11/18/14 (53) indicates that the patient presents with pain affecting the left knee and the treating physician is requesting approval for surgery based on a diagnosis of a lateral meniscus tear of her left knee status post medial unicompartmental arthroplasty on 4/17/14. The physical examination findings reveal the patient walks with a limp, quad strength is 4+/5, tenderness of the lateral knee, 1+ effusion and no crepitus is noted. Prior treatment history includes medication management, physical therapy and surgery on 4/17/14. There is no documentation of prior MRI being performed of the left knee. The current diagnosis is left knee meniscus tear status post medial unicompartmental knee arthroplasty. The utilization review report dated 11/25/14 denied the request for left knee MRI based on lack of medical necessity as it would not change the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee: Overturned

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): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee chapter: MRI.

Decision rationale: This patient presents with left knee pain. The treater is requesting an MRI OF THE LEFT KNEE. The ACOEM guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue... Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended."The records do not show any previous MRI of the left knee. The 11/18/14 report states. "Another reason given for not approving the arthroscopy was the fact that an MRI scan had not been obtained, which was required before going forth with surgery. However, the MRI scan the reviewer requested was actually denied by the insurance carrier due to the fact that the patient will need arthroscopy because of her mechanical symptoms." In this case, the patient has previously underwent left knee medial unicompartamental arthroplasty and now has worsening of her symptoms. There is no documentation provided that the patient has previously had a left knee MRI. The ACOEM and ODG guidelines both support MRI scan with ODG specifically stating, "Post-surgical if needed to assess knee cartilage repair tissue." The current request is medically necessary and the recommendation is for authorization.