

Case Number:	CM14-0208152		
Date Assigned:	12/22/2014	Date of Injury:	05/05/2000
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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 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 injured worker (IW) is a 72-year-old man with a date of injury of February 1, 1997. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are moderate osteoarthritis, bilateral knees with significant patellofemoral involvement; possible posterior horn medial meniscus tear, left knee; and recent surgical reconstruction left hind foot. Pursuant to the Orthopedic Consultation dated November 17, 2014, the IW complains of bilateral knee pain. The IW reports a 13-year history of progressive bilateral lower extremity pain and limitation of function. The IW is taking Vicodin and OxyContin for overall pain control. Physical examination reveals 2+ point tenderness about the patellofemoral articulation. No laxity to the knees is noted. McMurray's maneuver causes exacerbation of posterior medial joint line pain to the left lower extremity with palpable crepitation. There is mild limitation of active and passive range of motion of bilateral hips with mild exacerbation of groin pain with this activity. X-ray of the left knee dated November 17, 2014 shows mild medial and patellofemoral compartment osteoarthritis that is not significantly changed compared to 10/3/2012. There is no documentation of recent conservative treatment including physical therapy documented in the medical record. The treatment plan recommendations include diagnostic evaluation with MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast 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 (Acute & Chronic), Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, MRI.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI left knee without contrast not medically necessary. Soft tissue injuries are best evaluated by MRI. Indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, acute trauma to the knee, including significant trauma or suspect posterior knee dislocation, or ligament or cartilage disruption; etc. See the guidelines for additional details. In this case, the injured worker is 72 years old with a date of injury August 19, 2001 (February 1, 1997 as per the DWC form dated November 18, 2014). The injured worker's working diagnoses are moderate osteoarthritis, bilateral knees with significant patellofemoral involvement; possible posterior war and medial meniscal tear, left knee; and recent surgical reconstruction left hind foot. X-rays of the left knee showed mild medial and patellofemoral compartment osteoarthritis with moderate effusion. The injured worker had orthopedic consultation on November 17, 2014 with complaints of bilateral knee pain. Physical examination showed bilateral knees had 2+ point tenderness about the patellofemoral articulation with the 2+ patellofemoral grind test. The ACOEM states an MRI can confirm a meniscal tear, but the MRI is only indicated if surgery is contemplated. Additionally, there has been no recent conservative treatment (physical therapy) rendered to the left knee given the date of injury February 1, 1997. Consequently, absent the appropriate clinical documentation to support an MRI, no discussion of proposed surgery should be injured worker have a torn meniscus and no conservative treatment, MRI left knee without contrast is not medically necessary.