

Case Number:	CM15-0000303		
Date Assigned:	01/09/2015	Date of Injury:	09/23/2007
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 58 year old female, who sustained an industrial injury on 9/23/2007. November 10, 2014 the documentation noted that the injured worker had undergone arthroscopic surgeries on two occasions; 2010 and 2012, but did not get much relief of symptoms. Symptoms have been getting worse in the right knee. The documentation noted that recent Magnetic Resonance Imaging (MRI) of the right knee revealed presence of severe arthritis in all three compartments along with a complex tear of the medial meniscus and X-rays of both knees that were done recently revealed evidence of severe arthritis in all three compartments of the right knee. The documentation noted that the injure worker has pain in the right shoulder most likely due to tendinitis/rotator cuff tear. The injured worker is with diagnosis of severe arthritis right knee; status post two arthroscopic surgeries right knee and rule out rotator cuff tear, right shoulder. According to the utilization review performed on 12/3/14, the requested Magnetic Resonance Imaging (MRI) of right knee has been non-certified. The CA MTUS and ACEOM knee complaints were used and the Summary of Recommendation for Evaluating and Managing Knee Complaints and Clinical Measure Imaging was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation knee and leg chapter regarding magnetic resonance imaging

Decision rationale: This patient presents with chronic right knee pain. The current request is for MRI OF THE RIGHT KNEE. The Utilization review denied the request stating there was no objective evidence suggestive of posterior knee dislocation, ligament or cartilage disruption, internal derangement, or any other findings indicative of progressive or significant knee pathology to warrant a repeat MRI of the right knee. This patient had an MRI of the right knee on 7/3/14, which revealed significant tricompartmental degenerative changes, most prominent in the medial and anterior compartment. On 9/22/14, the patient reported persistent right knee pain and the treating physician recommended an MRI of the right knee. ACOEM Guidelines chapter 13 pages 341 and 342 states special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. ODG guidelines may be more appropriate at addressing chronic knee conditions. ODG Guidelines under the knee and leg, acute and chronic, regarding magnetic resonance imaging states, 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. In this case, the patient has already had an MRI of the left knee that confirmed significant arthritis and the physician does not discuss why repeat imaging is being pursued. This request IS NOT medically necessary.