

Case Number:	CM15-0000416		
Date Assigned:	01/12/2015	Date of Injury:	01/01/2007
Decision Date:	03/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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 patient is a 62 year old female who sustained a work related injury to her left knee while pushing a patient in a wheelchair on January 1, 2007. There is no documentation of previous surgical interventions. The injured worker is diagnosed with osteoarthritis of the left knee. The patient continues to experience pain in both knees with swelling and tenderness and lower back pain. According to the primary treating physician's progress report the patient received Synvisc-One injections to bilateral knees in July 2104. There is no documentation to a previous magnetic resonance imaging (MRI) which according to the Utilization Review noted a meniscus tear of the left knee for similar symptoms with request for new study as previous MRI was old. Current medication is listed as Norco. The injured worker is Permanent & Stationary (P&S). The physician requested authorization for magnetic resonance imaging (MRI) of left knee. On December 3, 2014 the Utilization Review denied certification for magnetic resonance imaging (MRI) of left knee. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Chapter 13 Knee, Diagnostic Imaging, page 341-343.

Decision rationale: There is no report of change in limitations of ADLs, function, or report of acute flare-up or new injury. Submitted reports have not demonstrated any failed conservative treatment trial. The patient exhibit unchanged knee pain with history of previous MRI of knee that showed meniscal tear. Current symptoms and clinical findings remain unchanged with clear progression to support repeating the imaging study. There is no x-ray of the left knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture and in this case, any loosening of prostheses; however, no specific clinical exam findings or x-rays results have been demonstrated from submitted reports. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The MRI of the left knee is not medically necessary and appropriate.