MAXIMUS Federal Services

Case Number:	CM15-0004923		
Date Assigned:	02/03/2015	Date of Injury:	07/10/2008
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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 injured worker is a female, who sustained an industrial injury on 07/10/2008. On provider visit dated 12/02/2014, the injured worker has reported both knees and both feet. On examination, right sided tenderness along the pes anserine bursa on right side and restricted function of both knees as well and mild instability along left knee was noted as well. The diagnoses have included internal derangement of the knee bilaterally, internal derangement of the knee on the left status post two arthroscopies, impingement on the left shoulder with quite of tenderness along the rotator cuff and chronic pain syndrome. Treatment plan MRI (magnetic resonance imaging) of the left knee without contrast. On 12/23/2014 Review non-certified MRI (magnetic resonance imaging) of the left knee without contrast. The CA MTUS, ACOEM, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI

Decision rationale: The 58-year-old patient presents with pain in bilateral knees, bilateral feet, left thumb, and left shoulder, as per progress report dated 12/02/14. The request is for MRI (MAGNETIC RESONANCE IMAGING) OF THE LEFT KNEE WITHOUT CONTRAST. There is no RFA for this case, and the patient's date of injury is 07/10/08. The patient is status post right knee surgery in 1984 and left knee surgery in 2001. The patient uses knee braces and hot and cold therapy for pain relief. Diagnoses, as per the same progress report, included internal derangement of bilateral knees, impingement of left shoulder, and chronic pain syndrome. The patient is working on modified duty, as per progress report dated 12/02/14. ACOEM Guidelines 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 condition. ODG guidelines, chapter 'Knee & Leg' and title 'MRI's (Magnetic Resonance Imaging), state Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The guidelines also state that in determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard. ODG states that an MRI is reasonable if internal derangement is suspected. In this case, the patient has undergone an MRI for her left knee in 2011. As per progress report dated 12/02/14, although the patient underwent the procedure, the treater does not have the reports. The patient reports that there was a tear of anterior cruciate ligament. However, the treater states that this contradicts with the comments of [redacted] that stated that there is no instability. The current diagnosis is listed as internal derangement of the knees and the treating physician is requesting authorization to determine the status of the post surgical tissue. The current request IS medically necessary.