

Case Number:	CM15-0006208		
Date Assigned:	01/29/2015	Date of Injury:	08/06/2009
Decision Date:	04/02/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old man sustained an industrial injury on 8/6/2009. The mechanism of injury was not detailed. Current diagnosis is arthropathy of the lower leg. Treatment has included oral medications, supratz injection, and a cane. Physician notes dated 12/22/2014 show continued right knee pain with locking, catching, and giving out. Range of motion is decreased and a small effusion and tenderness was noted. X-rays were performed and showed no changes. Recommendations include MRI of the right knee to evaluate for internal pathology. On 12/26/2014, Utilization Review evaluated a prescription for MRI of the right knee without contrast, that was submitted on 1/5/2015. The UR physician noted there was no documented evidence of fracture, or indications of acute trauma to the knee, suspected dislocation or cartilage disruption that would warrant further investigation. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (s) 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, Knee, MRIs, Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) MRI (magnetic resonance imaging).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that MRI test is indicated if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that repeat MRIs are recommended if need to assess knee cartilage repair tissue. Medical records document right knee arthroscopic surgery 09/07/2010. The office visit report dated 12/17/2014 documented an antalgic gait. The right knee demonstrated limited range of motion at 5 - 100 degrees, with pain on passive range of motion and crepitus. There was an effusion. There was medial and lateral joint line tenderness. X-ray of the right knee demonstrated moderate medial joint space narrowing. The patient complained of right knee pain. The patient stated that the Supartz hyaluronate injection on 11/12/14 only gave him relief for a month. The patient complained of locking, catching, and giving out. The physician noted that surgery may be an option in the future. Internal derangement is suspected. MRI magnetic resonance imaging of the right knee is supported by the medical records, MTUS, ACOEM, and ODG guidelines. Therefore, the request for MRI of the right knee is medically necessary.