

Case Number:	CM15-0007279		
Date Assigned:	01/22/2015	Date of Injury:	10/26/2012
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona
 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 51-year-old female who reported an injury on 10/26/2012. The mechanism of injury was a fall. She was diagnosed with left knee pain and status post meniscectomy. Her past treatments were noted to include ice applications, ibuprofen, physical therapy, a left knee meniscectomy, postoperative physical therapy, psychotherapy, a knee injection, and use of a TENS unit. The injured worker underwent an MRI of the left knee on 12/04/2013; however, the findings were not specified. The injured worker subsequently underwent a left knee meniscectomy on 03/07/2014. On 06/26/2014, the injured worker was seen for an initial evaluation with pain management. The injured worker's history regarding her left knee since her 10/26/2012 injury was discussed, including her surgical history, past treatments, and diagnostic study results. It was noted that her symptoms included pain in the left knee, left leg, and left ankle associated with numbness, tingling, and weakness in the left foot. The injured worker rated her pain 7/10 and indicated that her symptoms had been unchanged since the time of her injury. Her physical examination on that date revealed normal range of motion and motor strength in the left lower extremity and otherwise normal findings except tenderness to palpation over the medial and lateral joint lines and intrapatellar region. At an orthopedic followup visit on 10/22/2014, the injured worker was noted to have normal range of motion and a positive meniscal exam and physical therapy was recommended. The prior review dated 12/30/2014 indicated that the injured worker had been seen on 12/04/2014 and her symptoms and physical examination findings were unchanged since the time of her 06/26/2014 evaluation. It was also noted again that her symptoms were unchanged from the time of her

injury. The prior review also indicated that an MRI of the left knee was recommended based on worsening symptoms and to determine if the injured worker needed an orthopedic referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, MRIs (magnetic resonance imaging).

Decision rationale: According to the California MTUS/ACOEM Guidelines, the need for imaging studies should be based on history and physical examination rather than symptoms in order to prevent diagnostic confusion. In regard to repeat MRIs, the Official Disability Guidelines describe that routine use of repeat MRIs is not recommended. The injured worker was noted to have a significant history related her left knee injury to include multiple conservative treatments, surgery, and postoperative treatment. A previous MRI was performed before the surgery. The prior review indicated that an MRI was recommended due to worsening symptoms. However, the submitted documentation did not support worsening symptoms as the injured worker was noted to report no change in symptoms since the injury at her 06/26/2014 and 12/04/2014 followup visits. Additionally, there was no evidence of significant new pathology related to the left knee on physical examination to warrant a repeat MRI at this time. For these reasons, the request for an MRI of the left knee is not medically necessary.