

Case Number:	CM15-0102008		
Date Assigned:	06/04/2015	Date of Injury:	11/17/2010
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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:

This is a 49-year-old male with a November 17, 2010 date of injury. A progress note dated April 13, 2015 documents subjective findings (right knee; unable to ambulate appropriately), objective findings (significant anterior and posterior drawer signs; positive Lachman's; patellar crepitus noted on flexion and extension; medial and lateral joint line tenderness noted; antalgic gait; using a rigid brace and one-point cane), and current diagnoses (lumbosacral radiculopathy; shoulder sprain/strain; knee tendonitis/bursitis; internal derangement of the knee). Treatments to date have included medications, bracing, imaging studies, and physical therapy. The medical record identifies that medications provide pain relief and improve functional status. The treating physician documented a plan of care that included a magnetic resonance imaging of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right knee with Intra-articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for repeating the MRI. Previous MRI noted full PCL tear with continued treatment consisting of use of cane, rigid bracing s/p at least 66 PT sessions and acupuncture visits. Besides continuous intermittent pain complaints without normal range of motion on exam without neurological deficits, there is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. There is no x-ray of the 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. 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 guideline criteria have not been met. The MRI Right knee with Intra-articular contrast is not medically necessary and appropriate.