

Case Number:	CM15-0103361		
Date Assigned:	06/05/2015	Date of Injury:	07/02/2010
Decision Date:	07/13/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old female patient, who sustained an industrial injury on 07/02/2010. Diagnoses included morbid obesity, internal derangement left and right knees, status post cervical decompression and status post left ulnar decompression at the elbow. Per the doctor's note dated 6/2/2015, she had complaints of neck and lower back pain with radiation to the left lower extremity with tingling, numbness and weakness. The physical examination revealed tenderness and spasm over the cervical and lumbar spine. Per the doctor's note dated 03/25/2015, she had complained of knee pain, locking and occasional catching. Treatment to date has included a home exercise program, Celebrex and two rounds of Synvisc injections. Physical examination demonstrated tenderness along the patella facets, subpatella crepitation with range of motion, no instability and no soft tissue swelling, pain with patella compression and slight medial joint line tenderness. According to an orthopedic consultation on 02/11/2015, she had complaints of recurrent neck pain that radiated into her arms, hands and fingers on occasion; numbness and tingling in the hand and fingers as well as weakness of the arms; recurrent pain in her shoulder with pain radiating to her hands and occasional clicking in her right shoulder; rare pain in her elbows and numbness, tingling and weakness of the forearms occasionally; continuous numbness and tingling of the left thumb, index and middle fingers as well as recurrent numbness and tingling of the hands and fingers of the right hand; continuous pain in her left hip; pain in her knees, worse on the right knee. Pain was felt on the sides of the knee and under the kneecaps. Pain was increased with prolonged walking or standing, flexing, extension of the knees, squatting and stooping. She experienced episodes of buckling and giving way of the left knee

and denied the use of a cane or walker for balance. There was swelling, popping and clicking in her knees. She experienced increased pain at rest. Physical examination of the knees demonstrated no swelling; range of motion of the knees 0 to 130 degrees, slight medial joint line tenderness and slight pain with patella compression, no significant medial or lateral instability and negative Anterior/posterior drawer sign. The medications list includes percocet, restoril, robaxin, neurontin, cymbalta, celebrex, singulair and vegifem. She has had bilateral knee MRI on 9/8/2011, which revealed patellofemoral degenerative changes and mild joint effusion; X-rays of the knees showed very slight if any, arthritic changes about both knees and the joint spaces well maintained. She has undergone multiple lumbar surgeries; cervical spine surgery and left ulnar nerve decompression. She has had aquatic, physical therapy, TENS and acupuncture. Currently under review is the request for MRI of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) MRI 1/2s (magnetic resonance imaging).

Decision rationale: MRI (magnetic resonance imaging) Bilateral Knees. Per the cited guidelines regarding knee MRI "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. (Weissman, 2011)." Patient has already had bilateral knee MRI on 9/8/2011, which revealed patellofemoral degenerative changes and mild joint effusion. Significant changes in signs and symptoms since these MRIs that would require repeat knee MRIs are not specified in the records provided. Evidence of recent knee surgery is not specified in the records provided. Failure to previous conservative therapy including physical therapy for the bilateral knees was not specified in the records provided. A recent bilateral knee exam does not reveal findings consistent significant internal derangement. MRI (magnetic resonance imaging) bilateral knees is not medically necessary for this patient.