

Case Number:	CM15-0103515		
Date Assigned:	06/08/2015	Date of Injury:	12/06/2002
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
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: 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 74-year-old male who reported an industrial injury on 12/6/2002. His diagnoses, and/or impressions, are noted to include bilateral knee medial compartment osteoarthritis of moderate degree; and rule-out torn medial meniscus of the right knee. No current imaging studies are noted. His treatments have included bilateral Euflexxa knee injections with relief x 8 months; medication management; and rest from work as he is noted to be retired. The progress notes of 4/23/2015 reported recurrence of increasing knee pain, x 1 month, status post Euflexxa injections to both knees, which diagnosed moderate osteoarthritis of the medial compartment of the knees, 9 months prior in 7/2014; providing him with excellent long-term benefit. He requested repeat Euflexxa injections. Objective findings were noted to include positive Lachman in the right knee, due to chronic "ACL" deficiency, with no significant effusion, and 1+ warmth with slight medial joint line tenderness in the right knee. The left knee noted some warmth with slightly guarded range-of-motion. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the right knee to rule-out medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Overturned

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): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI.

Decision rationale: The patient was injured on 12/06/02 and presents with knee pain. The request is for a MRI OF THE RIGHT KNEE to rule out torn medial meniscus. The utilization review denial rationale is that "there does not appear to be an indication for an MRI at this time as there are minimal clinical findings consistent with underlying meniscal pathology." The RFA is dated 04/24/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had a prior MRI of the right knee. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. Regarding the right knee, the patient has a 2 to 3+ positive Lachman in the right knee due to chronic ACL deficiency, 1+ warmth, and slight medial joint line tenderness. He is diagnosed with bilateral knee medial compartment osteoarthritis of moderate degree and rule-out torn medial meniscus of the right knee. The treater would like an MRI of the right knee to rule out torn medial meniscus. Review of the reports provided does not indicate if the patient has had a prior MRI of the right knee. Given that the injury is from 2002, the patient's persistent level of symptoms, and no prior MRI of the right knee, an MRI appears medically reasonable and supported by the guidelines. The request is medically necessary.