

Case Number:	CM15-0103520		
Date Assigned:	06/08/2015	Date of Injury:	05/21/2014
Decision Date:	07/13/2015	UR Denial Date:	04/29/2015
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 34 year old male, who sustained an industrial injury on 05/21/2014. He has reported subsequent right knee pain and was diagnosed with tear of the medial meniscus of the right knee. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 02/04/2015, the injured worker complained of severe right knee pain that radiated to the right foot. Objective findings were notable for 3+ spasm and tenderness of the right anterior joint line, vastus medialis and popliteal fossa, decreased range of motion of the knee with pain, positive McMurray's and Grinding tests. The physician noted that the injured worker showed red flags of chronic pain, decreased active range of motion, positive orthopedic tests and complaints of knee locking. A request for authorization of 3D MRI of the right knee was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic Chapter) Three-dimensional MRI (3D).

Decision rationale: This patient presents with right knee pain and is diagnosed with tear of the medial meniscus of the right knee. The current request is for 3D MRI Right Knee. The RFA is dated 04/22/15. Treatment to date has included oral and topical pain medication, acupuncture and physical therapy. The patient is TTD. ODG Guidelines Knee & Leg (Acute & Chronic Chapter) under the "Three-dimensional MRI (3D) section states that 3D MRIs are not recommended as a separate procedure. Surgeons in clinical practice need not order a lengthy dedicated 3D MRI, but can confidently use a standard 2D MRI. Three-dimensional (3D) rendering of imaging studies uses multiple thin sections of images and reconstructs them into 3 dimensional images which can extract and display anomalies and/or structures to optimize visualization of the pathology. This type of reconstruction may be applied to computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), other tomographic studies, or ultrasound (U/S) studies. (Swami, 2014) See also Three-dimensional CT (3D)." According to progress report 02/04/2015, the patient complains of severe right knee pain that radiated to the right foot. Objective findings revealed 3+ spasm and tenderness of the right anterior joint line, vastus medialis and popliteal fossa, decreased range of motion with noted pain, positive McMurray's and Grinding tests. The physician requested authorization for a 3D MRI of the right knee, as the patient revealed red flag symptoms, decreased ROM, positive orthopedic tests and knee locking. Report 02/04/15 indicate that a prior x-ray of the knee was performed immediately following injury. The results of the x-rays were not discussed. In this case, ODG Guidelines do not support 3D MRIs for the knees. Due to lack of support from ODG Guidelines, the requested 3D MRI of the knee IS NOT medically necessary.