MAXIMUS Federal Services

Case Number:	CM15-0108209		
Date Assigned:	06/12/2015	Date of Injury:	11/23/2011
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 64 year old male, who sustained an industrial injury on 11/23/2011. He reported pain in both knees and neck. Diagnoses have included knee derangement, tear of medial cartilage or meniscus of knee and hip or thigh sprain/strain. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 5/12/2015, the injured worker complained of right knee pain. Objective findings revealed patellofemoral crepitus and decreased range of motion. magnetic resonance imaging (MRI) of the right knee from 5/22/2012 showed tears of the anterior horn and posterior horn of the lateral meniscus, tear of the posterior horn of the medial meniscus and advanced degenerative changes of the patellofemoral joint. Authorization was requested for magnetic resonance imaging (MRI) arthrogram right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic) MR arthrography.

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 and Leg, MRI ½ (magnetic resonance imaging).

Decision rationale: ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. " The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. The last PT is noted to have occurred in 2013. The patient has received an injection but the results of this series of three is not noted in the records. ODG further details indications for MRI: Acute trauma to the knee, including significant trauma (e. g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e. g. , Peligrini Stieda disease, joint compartment widening). 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) The patient's injury is from 2011 and received an MRI on 05/22/2012 showed tears of the anterior horn and posterior horn of the lateral meniscus, tear of the posterior horn of the medial meniscus and advanced degenerative changes of the patellofemoral joint. The treating physician does not indicate additional information that would warrant a repeat MRI of the knee, such as post-surgical knee assessment, re-injury, or other significant change since last MRI. The ODG guidelines advise against routine repeat MRI. The requesting provider is requesting an arthrogram and not a regular MRI and does not provide rationale for this study. As such, the request for MRI (Magnetic Resonance Imaging) arthrogram of the right knee is not medically necessary.