

Case Number:	CM15-0109911		
Date Assigned:	06/16/2015	Date of Injury:	08/12/2014
Decision Date:	07/17/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	06/08/2015

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 23 year old male who sustained an industrial injury on 8/12/14. The injured worker was diagnosed as having right knee patellar tendinosis and possible meniscal tear. Currently, the injured worker was with complaints of right knee pain. Previous treatments included home exercise program, physical therapy and medication management. Previous diagnostic studies included radiographic studies and magnetic resonance imaging. Physical examination was notable for right knee with tenderness to the patellar tendon along the medial joint line. The plan of care was for 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:

Repeat MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Magnetic resonance imaging.

Decision rationale: The patient presents on 04/15/15 with unrated pain in the right knee, especially upon extension, and associated instability of the joint. The patient's date of injury is 08/12/14. Patient has no documented surgical history directed at this complaint. The request is for repeat MRI of the right knee. The RFA is dated 04/24/15. Physical examination dated 04/15/15 reveals tenderness along the patellar tendon and medial joint line of the right knee, with positive McMurray's sign noted. No other abnormal physical findings are included. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the right knee dated 10/13/14, significant findings include: "Mild insertional quadriceps tendinosis without evidence of peritendinitis or bursitis. Otherwise no evidence of internal derangement." Per 04/15/15 progress note, patient is advised to remain off work until pending MRI results are evaluated. ODG Guidelines, Knee and Leg chapter, Magnetic resonance imaging states: "Indications for imaging: MRI: Acute trauma to the knee, including significant trauma, 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 next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic. If additional imaging is necessary and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic; Non-traumatic knee pain, adult; non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." In regard to the request for a repeat MRI of the right knee, the patient does not meet guideline criteria. Progress note dated 04/15/15 states that the patient has been experiencing pain, which is slowly returning to his knee, and the provider wishes to perform an MRI to rule out meniscal tear. Diagnostic MRI dated 10/13/14 does not include evidence of any significant internal derangement of the knee, only mild quadriceps tendinosis. There is no indication that this patient experienced any re-injury to the joint. Given the largely unremarkable MRI imaging from 6 months ago, and the lack of significant "red-flag" physical findings or evidence of re-injury; repeat imaging is unnecessary and cannot be substantiated. The request IS NOT medically necessary.