

Case Number:	CM15-0013232		
Date Assigned:	03/09/2015	Date of Injury:	04/06/2013
Decision Date:	04/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 41-year-old [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 6, 2013. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve a request for a knee MRI imaging. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines at the bottom of its report and, furthermore, mislabeled the same as originating from the MTUS. A November 24, 2014 progress note was referenced in the determination. The claims administrator acknowledged that the attending provider had alleged development of chondral and/or cartilaginous injury and had further acknowledged that the applicant was in the process of considering a surgical consultation. The knee MRI imaging was apparently performed on October 16, 2014 and was notable for a focal full-thickness chondral fissure with superimposed severe patellofemoral arthrosis. A handwritten orthopedic knee surgery report dated September 26, 2014 was notable for comments that the applicant had gradually worsening knee pain with associated crepitation appreciated. The applicant was given a diagnosis of knee degenerative arthritis. The applicant was apparently returned to regular duty work. The note was extremely difficult to follow and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Knee Diagnostic Testing MRI Recommendation: MRI for Routine Evaluation of Acute, Subacute, or Chronic Knee Joint Pathology MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the previously performed knee MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 13, Table 13-6, page 347 does acknowledge that MRI studies are recommended to determine the extent of an ACL tear preoperatively, in this case, however, the documentation provided was sparse, thinly developed, did not clearly state what was sought. The documentation provided did not clearly state what was suspected. The documentation provided contained no mention of references to the applicant's willingness to consider surgical intervention involving the knee based on the outcome of the study in question. The Third Edition ACOEM Guidelines further note that MRI imaging is not recommended in the routine evaluation of subacute or chronic knee joint pathology, including degenerative joint disease. Here, the knee MRI was apparently performed, despite the adverse utilization review determination, and was notable for severe unicompartmental knee arthritis, i.e., a condition for which ACOEM does not recommend MRI imaging. Therefore, the request was not medically necessary.