

Case Number:	CM15-0137079		
Date Assigned:	07/27/2015	Date of Injury:	01/06/2010
Decision Date:	08/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 injured worker is a 53 year old female who sustained an industrial injury on January 6, 2010. She reported falling and injuring her knees. The injured worker was presently diagnosed as having end-stage osteoarthropathy left knee, right knee osteoarthropathy status post total knee replacement, low back pain with lower extremity symptoms, rule out early symptomatically maintained pain syndrome right lower extremity and right S1 radiculopathy. Comorbid conditions include obesity (BMI 34.2). Treatment to date has included physical therapy, diagnostic studies, medications, brace and surgery. She had MRI of her knees in 2012. On June 10, 2015, the injured worker complained of worsening left knee pain and decreased stability. The pain was rated as a 7 on a 1-10 pain scale. Medication was noted to facilitate maintenance of activities of daily living and lessen pain. The treatment plan included bone scan right knee, MRI of the left knee, reconsideration of left total knee arthroplasty and new brace. On July 8, 2015, Utilization Review non-certified the request for MRI of the left knee, citing California MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Overturned

Claims Administrator 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, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-3, 347. Decision based on Non-MTUS Citation 1) American College of Radiology (ACR) Appropriateness Imaging Criteria for Acute Trauma to the Knee, 2008, Last Reviewed 20132 American College of Radiology (ACR) Appropriateness Imaging Criteria for Non-traumatic Knee Pain, 1995, Last Reviewed 2012.

Decision rationale: Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the knee are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting neurovascular compromise. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or infection. This patient injured her knees 5 years ago. Prior evaluations, including knee MRI, were consistent with diagnoses. The patient's knee pain has continued despite conservative treatment, with the exception of weight loss, since the injury and the provider has documented the opinion that the patient's left knee has worsened to the point where surgery is recommended. At this point in the care of this patient a knee MRI should be considered. The request is medically necessary and has been established.