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| Case Number: | CM15-0138983 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 04/18/2011 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 65-year-old male who sustained an industrial injury on 4/18/11. Injury occurred when he was lifting a big barrel of chemicals with onset of low back, neck, bilateral arm, and bilateral knee pain. Past medical history was positive for diabetes. The 11/18/12 left knee MRI showed tricompartmental osteoarthritis, most severe in the medial compartment. There was severe medial meniscus degeneration and a large poorly defined tear through the body and the posterior horn. There was lateral meniscus degeneration with fraying of the free edge but not discrete tear, and patellar enthesopathy. The 5/22/15 treating physician report cited significantly increased left knee pain radiating down the medial knee to the ankle, and left knee weakness. Oral and topical medications were no longer working as well. Physical exam documented antalgic gait and limp, crepitus with knee flexion/extension, and medial joint line pain. The injured worker had a left knee MRI in 2012 but never had an orthopedic consult. Authorization was requested for MRI of the left knee and a surgical consultation for the left knee. The 6/12/15 utilization review non-certified the request for left knee MRI as there was no evidence of recent conservative treatment (physical therapy and injections), no new trauma reported, and no orthopedic testing documented. The request for a surgical consult for the left knee was non-certified as the injured worker had not attempted adequate conservative treatment and there was no specific orthopedic testing documented. The 6/25/15 treating physician appeal letter indicated that the patient had reported a sudden increase in left knee pain, worse with weight bearing, and an increase in weakness. He was unable to work due to increased symptoms. Physical exam documented the injured worker was morbidly obese with an antalgic gait. Left knee exam

documented effusion, no erythematous, joint line tenderness, and anterior tenderness. The treating physician reported that the injured worker had not had physical therapy or injections in the past year, and opioids had been prescribed due to the increased pain. Concern regarding soft tissue tear warranted imaging before conservative treatment like physical therapy, which could make it worse. The expertise of an orthopedic surgical consult for review of the MRI and treatment recommendations was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines state that most knee problems improve quickly once any red-flag issues are ruled-out. 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 Official Disability Guidelines support the use of MRIs in non-traumatic knee pain if internal derangement is suspected, and generally support follow-up imaging when there is a significant change in symptoms/findings. Guideline criteria have been met. This injured worker presents with a significant increase in left knee pain and functional disability. Clinical exam findings are suggestive of internal derangement. Prior imaging was performed on 11/18/12 with findings of osteoarthritis and meniscal pathology. Repeat imaging appears reasonable at this time. Therefore, this request is medically necessary.

1 Surgical consult only to the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS generally support referral for surgical consultation for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The ACOEM guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have been met. This injured worker presents with a significant increase in left knee pain and functional disability. Clinical exam findings are suggestive of internal derangement. The treating physician has requested specialist consult to evaluate imaging studies and provide treatment recommendations. Therefore, this request is medically necessary.