

Case Number:	CM15-0139066		
Date Assigned:	08/20/2015	Date of Injury:	11/27/2001
Decision Date:	09/17/2015	UR Denial Date:	06/22/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male, who sustained an industrial injury on 11-27-2001. He has reported injury to the bilateral knees. The diagnoses have included bilateral knee pain; bilateral knee strain, left worse than right; status post left knee arthroscopy, on 07-26-2002; status post right knee arthroscopy, 09-2002; status post left total knee replacement, on 06-23-2009; status post revision left total knee replacement, on 03-16-2010; gastrointestinal upset due to pain medication as well as anti-inflammatory medication; and lumbar strain. Treatment to date has included medications, diagnostics, injections, muscle stimulator, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen, Darvocet, Vicodin, Diclofenac Patch, Norco, Celebrex, Lyrica, Neurontin, Voltaren Gel, and Omeprazole. A progress note from the treating physician, dated 06-05-2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral knee pain, worsened spontaneously over the last several months; gastrointestinal upset due to the use of medication, currently stable; low back pain with radiation to his thighs and knees; improvement in the left knee since the last visit; Celebrex has significantly decreased swelling and pain allowing him to be more functional and tolerate his activities of daily living; and he continues to have discomfort with the right knee. Objective findings included right knee with slight to moderate tenderness of the peripatellar region; slight to moderate swelling is noted; there is decreased range of motion and popping felt with range of motion; the left knee has moderate swelling and anterior surgical scar is noted and healed well; range of motion is decreased and there is moderate tenderness noted at the anterior and lateral knee; palpation of the lumbar spine shows tenderness and spasm

of the left greater than right paralumbar muscles; and the gait is moderately antalgic due to knee pain, especially the left knee. The treatment plan has included the request for MRI of the right knee.

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: 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): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-MRI's (magnetic resonance imaging).

Decision rationale: MRI of the right knee is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. The MTUS states that 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 ODG states that if the initial anteroposterior and lateral radiographs non-diagnostic and internal derangement is suspected a knee MRI can be obtained. The documentation does not reveal red flag findings or signs of significant change from prior physical examinations therefore the request for a right knee MRI is not medically necessary.