

Case Number:	CM15-0140193		
Date Assigned:	07/30/2015	Date of Injury:	06/13/2012
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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 59 year-old male who sustained an industrial injury on 06-13-12. He reported right knee pain. Initial diagnoses are not available. Current diagnoses include right achilles tendon interstitial tearing, and left knee sprain-strain. Diagnostic testing and treatment to date has included radiographic imaging, and right knee arthroscopy. Currently, the injured worker complains of left knee pain; he has been favoring his left knee due to injury of his right knee. Physical examination is remarkable for left knee tenderness, limited range of motion, and positive McMurray's maneuver. Requested treatments include magnetic resonance imaging (MRI) of the left knee, and durable medical equipment (DME) custom cam walker (right leg). The injured worker is working full time. Date of Utilization Review: 07-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Integrated Treatment/Disability Duration Guidelines - Knee and Leg (Acute & Chronic: MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's (magnetic resonance imaging).

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post RIGHT knee arthroscopy 08/30/12. The request is for MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT KNEE. Patient's diagnosis per Request for Authorization form dated 06/30/15 includes right achilles tendon interstitial tearing. Per physical examination on 02/04/15, patient's gait is slow and guarded. Treatment to date has included RIGHT knee surgery, RIGHT knee MRI, injections, physical therapy, activity modifications and medications. Patient's medications include Tramadol, Benazepril, Crestor, Doxazosin, Furosemide, Klor-Con, Metoprolol, Niaspan, Diclofenac, Levothixoxine and Aspirin 81mg. Per QME report dated 02/04/15, the patient is permanent and stationary. Treater states in 04/10/15 report that "the patient is able to continue regular work." ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), 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 (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). 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 (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult - non-trauma, non- tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" Per prescription order dated 06/23/15, treater states "MRI LEFT knee, rule out internal derangement." There is no indication of prior MRI of the LEFT knee. Diagnosis on 04/10/15 included LEFT knee sprain/strain. Physical examination to the left knee on 04/10/15 revealed tenderness and limited range of motion. In this case, the patient continues with pain to left knee, and treater has documented suspicion of "internal derangement." This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Durable medical equipment (DME) custom cam walker (right leg): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (online) - Achilles Tendinopathy: Orthotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under Walking Aids.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post RIGHT knee arthroscopy 08/30/12. The request is for DURABLE MEDICAL EQUIPMENT (DME) CUSTOM CAM WALKER (RIGHT LEG). Patient's diagnosis per Request for Authorization form dated 06/30/15 includes right achilles tendon interstitial tearing. MRI of the right ankle dated 06/02/15 states "severe tendinosis and moderate interstitial tearing of the Achilles tendon with mild adjacent soft tissue edema." Treatment to date has included RIGHT knee surgery, RIGHT knee MRI, injections, physical therapy, activity modifications and medications. Patient's medications include Tramadol, Benazepril, Crestor, Doxazosin, Furosemide, Klor-Con, Metoprolol, Niaspan, Diclofenac, Levothixoxine and Aspirin 81mg. Per QME report dated 02/04/15, the patient is permanent and stationary. Treater states in 04/10/15 report that "the patient is able to continue regular work." ODG Guidelines, Knee Chapter under Walking Aids states: "Recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices" Diagnosis on 04/10/15 included left knee sprain/strain. Physical examination to the left knee on 04/10/15 revealed tenderness and limited range of motion. ODG supports walking aids for impaired ambulation and if ambulation with the device can be achieved. Given patient's postoperative status and patient's continued pain, a walking aid to help the patient with ambulation would appear to be indicated. However, per physical examination on 02/04/15, patient's gait is slow and guarded "but there is no obvious ataxia or limp noted. He is able to heel walk, toe walk..." and "he is not using a cane or other assistive device." Furthermore, treater has not provided reason for the request, nor clearly documented the necessity for a custom walker over a cane any other walking aid. Therefore, the request IS NOT medically necessary.