

Case Number:	CM15-0146142		
Date Assigned:	08/07/2015	Date of Injury:	02/18/2009
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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: Emergency 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 57-year-old male, who sustained an industrial injury on 2-18-2009. Diagnoses include chronic low back pain, degenerative disc lumbosacral spine, and lumbar radiculopathy, right hip pain possible bursitis, left medial epicondylitis and hypertension (nonindustrial). Treatment to date has included multiple surgical interventions (left knee medial and lateral meniscectomy and chondroplasty, 2009, left knee ACL reconstruction and medial meniscectomy, 2011, and right knee partial meniscectomy, undated), as well as conservative treatment including diagnostics, medications, transcutaneous electrical nerve stimulation (TENS), injections, physical therapy, acupuncture, aqua therapy, and chiropractic care. Per the Primary Treating Physician's Progress Report dated 5-18-2015 the injured worker reported pain in the lower back, groin, bilateral knees, left arm and left elbow. Physical examination of the right knee revealed a well-healed surgical scar. There was tenderness on the midline joint with no edema or erythema. Range of motion was painful with flexion to 130 degrees and extension 0 degrees. The plan of care included continuation of current plan of care including TENS unit, NSAIDs and aqua therapy. Authorization was requested for x-rays and magnetic resonance imaging (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 right knee, Qty 1. 00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The requested MRI of right knee, Qty 1. 00, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has pain in the lower back, groin, bilateral knees, left arm and left elbow. Physical examination of the right knee revealed a well-healed surgical scar. There was tenderness on the midline joint with no edema or erythema. Range of motion was painful with flexion to 130 degrees and extension 0 degrees. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, MRI of right knee, Qty 1.00 is not medically necessary.

X-ray of right knee, Qty 1. 00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested X-ray of right knee, Qty 1.00, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies, Diagnostic, and Treatment Considerations, pp. 341-343, recommend knee x-rays when Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma. Inability to flex knee to 90 degrees. The injured worker has pain in the lower back, groin, bilateral knees, left arm and left elbow. Physical examination of the right knee revealed a well-healed surgical scar. There was tenderness on the midline joint with no edema or erythema. Range of motion was painful with flexion to 130 degrees and extension 0 degrees. The treating physician has not documented the presence of any of the criteria noted above. The criteria noted above not having been met, X-ray of right knee, Qty 1.00 is not medically necessary.

