

Case Number:	CM15-0149604		
Date Assigned:	08/12/2015	Date of Injury:	12/27/2013
Decision Date:	09/15/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	08/01/2015

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 45 year old female, who sustained an industrial injury on 12-27-13. Initial complaint was injuring the left upper extremity after falling due to her knee giving out. The injured worker was diagnosed as having right knee mass; right knee chondromalacia; right knee patellar tendinitis; compression neuropathy left upper extremity. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5-28-15 indicated the injured worker complains of right knee pain rating the intensity at 8 out of 10. She continues to complain of a "mass in thigh" above the knee and this continues to worsen and increase in area. She recalls a fall onto her left shoulder, elbow and upper extremity with resultant pain due to knee giving out. She complains of patellar tendinitis and swelling and is inquiring in regards to options. She complains of left wrist-hand pain rated at 6 out of 10. Medications currently are listed as hydrocodone 10mg 3 times a day, Naproxen and Pantoprazole. On physical examination, the provider notes tenderness of the right knee diffusely with swelling. She has swelling of the patellar tendon and tenderness. Her range of motion is 0-100 degrees with pain and positive patellofemoral compression test. Wrist-hand examination remains unchanged. The provider's treatment plan includes x-ray of the left hand; observe in regards to her left shoulder, elbow-upper extremity pain and follow-up with neurologist for a neurologic component to these symptoms. Continue to request physical therapy and shockwave therapy and anticipate definitive plan status post review of MRI. The provider is requesting authorization of MRI of the right distal thigh-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 Distal Thigh/Knee: Overturned

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, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with RIGHT knee pain rated 8/10. The request is for MRI OF THE RIGHT DISTAL THIGH/KNEE. The request for authorization is dated 06/23/15. Physical examination reveals hyperalgesia RIGHT knee. Hyperesthesia from 5 cm proximal to knee to 6 cm distal to knee. Diffuse motor deficit, RIGHT lower extremities. Decreased temperature RIGHT lower extremity. Patient's medications include Lyrica, Hydrocodone, Pantoprazole and Naproxen. Per progress report dated 07/16/15, the patient is permanent and stationary. 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.- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized 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 progress report dated 07/16/15, treater's reason for the request is "to evaluate mass." Review of provided medical records show no evidence of prior MRI of the RIGHT thigh/knee. Patient's diagnosis includes rule out RIGHT knee lipoma/mass, RIGHT knee chondromalacia, and RIGHT knee patellar tendinitis. Physical examination to the RIGHT knee revealed hyperalgesia RIGHT knee. In this case, the patient continues with pain to RIGHT knee, and treater has documented suspicion of "internal derangement." This request appears reasonable and within guidelines indication. Therefore, the request IS medically necessary.