

Case Number:	CM15-0160653		
Date Assigned:	08/27/2015	Date of Injury:	12/05/2013
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 male, who sustained an industrial injury on 12-5-2013. He reported pain in the knees, lower back, left foot and left great toe after a 40-50 pound object fell onto him. Diagnoses include lumbosacral radiculopathy, knee tendinitis-bursitis, and patellar tendinitis. Treatments to date include activity modification, medication therapy, and joint and epidural steroid injections. Currently, he complained of left knee pain with catching, locking, and instability. He also reported low back pain with radiation down bilateral lower extremities. On 7-27-2015, the physical examination documented crepitus, tenderness and positive McMurray's tests of bilateral knees. The plan of care included a request to authorize a left knee MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI without intra-articular contrast: 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), Knee & Leg (Acute and Chronic), MRI.

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 Magnetic resonance imaging.

Decision rationale: The patient presents with left knee pain. The request is for LEFT KNEE MRI WITHOUT INTRA-ARTICULAR CONTRAST. Physical examination to the left knee on 08/24/15 revealed tenderness to palpation to the medial and lateral joint line and crepitus on flexion and extension. Per 07/27/15 progress report, patient's diagnosis include lumbosacral radiculopathy, knee tend/burs, toe fracture, patellar tendinitis, and lumbar disc displacement without myelopathy. Patient's medications, per prescription note dated 06/15/15 include Ambien, Nabumetone, Cymbalta, and Prilosec. Patient's work status is modified duties. ODG Guidelines, Knee and Leg chapter, under Magnetic resonance imaging states: Indications for imaging MRI: Acute trauma to the knee, including significant trauma , 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 next study if clinically indicated, if additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic . If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." Per 07/27/15 progress report, the patient continues with left knee pain with catching, locking and instability. Loss of motor strength over the left knee was noted to be 4/5. Review of the medical records provided did not indicate a prior MRI of the left knee. In regard to the MRI of the right knee, the request is appropriate. Given this patient's clinical presentation, and the lack of any MRI imaging of the affected joint, an MRI without contrast could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request IS medically necessary.