

Case Number:	CM15-0162773		
Date Assigned:	09/25/2015	Date of Injury:	10/01/1997
Decision Date:	10/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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 66-year-old male, who sustained an industrial injury on 10-01-1997. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic bilateral knee pain (right worse than left), lumbago, osteoarthritis of the lower leg, thoracic and lumbar radiculitis or neuritis, and carpal strain or sprain. Medical records (02-26-2015 to 07-27-2015) indicate ongoing of thoracic and lumbar spine pain and bilateral knee pain. The right knee pain and instability was reported to be slowly and progressively increasing. The right knee pain was in the anterior aspect of the knee at the joint line with radiation into the lateral medial joint line and into the ankle. The right knee pain level was 4 out of 10 on a visual analog scale (VAS) at best and 7 out of 10 at worst and described as occasional. Pain was aggravated by bending, twisting and turning, walking, standing, repetitive movements, going up and down stairs, getting up from seating position, and getting in and out of vehicles. Relieving factors included: medications, heat, ice, massage, stretching, assistive devices, elevation, chiropractic treatments, rollin-pin muscles and adjustable bed at night. There were also reports of locking, clicking and numbness and tingling in the right buttocks, leg and ankle. Symptoms were reported to be increasing with treatment. Heel and toe walking resulted in moderate lateral right knee pain. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work as he is retired. The physical exam of the right knee, dated 07-27-2015, revealed slight effusion, slight retro-patellar crepitation with active flexion and extension, slightly positive compression testing, slight medial compartment laxity with slight tenderness in the medial compartment with moderate in the

lateral compartment, and full extension to 122° of flexion. The previous exam of the right knee showed a flexion of 124° with no other changes. Relevant treatments have included physical therapy (PT), aquatic exercises, work restrictions, and pain medications. There were no recent x-rays of the right knee reported. Per documentation, a prior MRI of the knee in January 2013 revealed a meniscal tear and osteoarthritis. The request for authorization (08-03-2015) shows that the following diagnostic test was requested: a MRI of the right knee. The original utilization review (08-14-2015) non-certified the request for MRI of the right knee based on lack of clinical evidence to support a repeat MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-MRI's (magnetic resonance imaging).

Decision rationale: One 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 are suspected a knee MRI can be obtained. The ODG states that a knee MRI post-surgical if there is a need to assess knee cartilage repair tissue can be obtained. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The documentation does not reveal that the patient requires a repeat MRI of the right knee as there was one obtained in 2013 and the documentation does not indicate that this is being ordered for postsurgical evaluation. This request is therefore not medically necessary.