

Case Number:	CM15-0163050		
Date Assigned:	08/31/2015	Date of Injury:	02/13/2014
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/19/2015

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 46 year old female, who sustained an industrial injury on 2-13-14. She reported bilateral knee pain. The injured worker was diagnosed as having lateral right medial arthralgia of the knees. Treatment to date has included physical therapy, a home exercise program, injections, and medication. The injured worker underwent past arthroscopic knee surgery in 2007 and 2008. Physical examination findings on 8-5-15 included slight to moderate tenderness over the right medial and left lateral joint lines. Right more than left patellar compression signs with mild crepitus were also noted. The injured worker had full active range of motion. X-rays of bilateral knees obtained on 7-10-15 revealed tricompartmental degenerative changes. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for MRI's of bilateral knees and x-rays of bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI's bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) (updated 5/05/2015).

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 MRI.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with low back pain referring into the left buttock region, and the 7/2/15 report also mentions bilateral knee pain rated 7/10. The treater has asked for MRI'S bilateral knees on 7/2/15 as prior MRI and X-ray from 2013 are outdated. The request for authorization was not included in provided reports. The patient is s/p 6 treatments of cognitive behavior therapy with extreme benefit, 6 sessions of acupuncture with unspecified benefit per 7/8/15 report. The patient has constipation despite using colace per 7/8/15 report. The patient is using Butrans, Sonata, and Diclofenac topical per 7/8/15 report. The patient states that pain is causing insomnia, and is worsened with cold weather and prolonged sitting/standing per 5/13/15 report. The patient states that her low back feels compressed per 5/13/15 report. The patient had knee MRI and X-rays from 2013 and is s/p unspecified bilateral knee surgeries, postoperative physical therapy, injections per 7/2/15 report. Per exam dated 7/2/15, the patient has antalgic gait, with mild effusion of left knee and, patellofemoral crepitus and grind noted on bilateral knees. Range of motion of bilateral knees were normal. The patient denies any re-injury after initial injury per 7/2/15 report. The patient is currently not working. ODG guidelines, Knee Chapter under MRI supports the use of MRI for suspected internal derangement following X-rays. For repeat MRI's, it states, "Repeat MRI's: 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." Patient had knee MRI's and X-rays from 2013 but treater is requesting updated MRI to reevaluate and come up with some reasonable form of treatment per 7/2/15 report. The treater states that prior MRI of the bilateral knees are outdated but does not discuss the findings. The original MRI's from 2013 were not included in documentation. The physical exam on 7/2/15 showed normal range of motion, with effusion of the left knee and patellofemoral and grind on bilateral knees. Per ODG, repeat MRI's are indicated for post- operative assessment of knee cartilage repair tissue. This patient is not post-operative. The patient does not present with a new injury or significant change in clinical scenario to warrant a routine updated MRI. The request is not medically necessary.

X-rays bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) (updated 5/05/2015).

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 X-ray.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with low back pain referring into the left buttock region, and the 7/2/15 report also mentions bilateral knee pain rated 7/10. The treater has asked for x-rays bilateral knees on 7/2/15 as prior MRI and X-ray from 2013 are outdated. The request for authorization was not included in provided reports. The patient is s/p 6 treatments of cognitive behavior therapy with extreme benefit, 6 sessions of acupuncture with unspecified benefit per 7/8/15 report. The patient has constipation despite using colace per 7/8/15 report. The patient is using Butrans, Sonata, and Diclofenac topical per 7/8/15 report. The patient states that pain is causing insomnia, and is worsened with cold weather and prolonged sitting/standing per 5/13/15 report. The patient states that her low back feels compressed per 5/13/15 report. The patient had knee MRI and X-rays from 2013 and is s/p unspecified bilateral knee surgeries, postoperative physical therapy, injections per 7/2/15 report. Per exam dated 7/2/15, the patient has antalgic gait, with mild effusion of left knee and, patellofemoral crepitus and grind noted on bilateral knees. Range of motion of bilateral knees were normal. The patient denies any reinjury after initial injury per 7/2/15 report. The patient is currently not working. ODG guidelines knee chapter, under X-ray: Recommended for the following indications in non-traumatic knee pain. Nontraumatic knee pain, child or adolescent - nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Nontraumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table)." Patient had knee X-rays from 2013 but treater is requesting updated radiographs to reevaluate and come up with some reasonable form of treatment per 7/2/15 report. The treater states prior X-rays of knees from 2013 are outdated per 7/2/15 report. The original radiographs from 2013 were not included in documentation. The current physical exam on 7/2/15 showed normal range of motion, with effusion of the left knee and patellofemoral and grind noted on bilateral knees. In this case, the patient does not present with a new trauma or injury to warrant a new set of X-rays. There is no discussion in the guidelines supporting routine repeat X-rays for chronic knee pain. There is no significant change in the patient's examination or presentation to warrant a new set of X-rays. The request is not medically necessary.