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| Case Number: | CM15-0163183 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 02/25/2015 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/13/2015 |
| 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 58-year-old male with an industrial injury dated 02-25-2015. The mechanism of injury is documented as kneeling down and feeling a large popping or tearing type sensation with pain. His diagnosis was significantly advanced degenerative joint disease in need of total knee arthroplasty. Comorbid conditions included hypertension and diverticulitis. Prior treatment included physical therapy, arthroscopy, medications and intra articular injection. He presents on 06-09-2015 with left knee and back pain. There was mild effusion and tenderness to palpation (left knee) in the medial compartment with intolerance to deep flexion. He presents again on 07-14-2015 with worsening symptoms. Physical exam noted intolerance to deep flexion with effusion. There was tenderness to palpation in the medial compartments as well as the patellofemoral grind being noted. The treatment request is for long leg standing X-Ray for custom anatomic blocking and left knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee MRI: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: The patient was injured on 02/25/15 and presents with low back pain and left knee pain. The request is for a LEFT KNEE MRI. The utilization review rationale is that "the clinician has requested the imaging studies for custom anatomic cutting blocks," which was not authorized. There is no RFA provided and the patient is working with modified work duties. Review of the reports provided does not indicate if the patient had a prior MRI of the left knee. 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. Furthermore, ODG states that an MRI best evaluates soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption). ODG Guidelines, Knee and Leg Chapter, under MRI's recommends MRIs for acute trauma and non-traumatic cases as well. ODG states that an MRI best evaluates soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption). The patient has mild effusion and tenderness to palpation (left knee) in the medial compartment with intolerance to deep flexion. He is diagnosed with significantly advanced degenerative joint disease in need of total knee arthroplasty. Treatment to date includes physical therapy, arthroscopy, medications and intra articular injection. Review of the reports provided does not indicate if the patient has had a prior MRI of the left knee. Given the patient's persistent level of symptoms and no prior MRI of the right knee, an MRI appears medically reasonable and supported by the guidelines. The request IS medically necessary.

Long Leg Standing X-Ray for Custom Anatomic Blocking: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter under Custom Fit Total Knee (CFTK) Replacement.

Decision rationale: The patient was injured on 02/25/15 and presents with low back pain and left knee pain. The request is for a LONG LEG STANDING X-RAY FOR CUSTOM ANATOMIC BLOCKING. There is no RFA provided and the patient is working with modified work duties. Review of the reports provided does not indicate if the patient had a prior MRI of the left knee. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, Custom Fit Total Knee (CFTK) Replacement states that it is "Under study, awaiting higher quality trials. New technology using MRI allows the surgeon to place total knee replacement components into each patient's pre-arthritis natural alignment. Custom-fit total knee replacement appears to be a safe procedure for uncomplicated cases of osteoarthritis, but the benefits have not been proven." The patient has mild effusion and tenderness to palpation (left knee) in the medial compartment with intolerance to deep flexion. He is diagnosed with significantly advanced degenerative joint disease in need of total knee arthroplasty. Treatment to date includes physical therapy, arthroscopy, medications and intra articular injection. In this case, the custom anatomic blocking unit is not supported by guidelines. It is still "under study, awaiting higher quality trials." Therefore, there is no need for a long leg standing x-ray for the custom unit. The request IS NOT medically necessary.