

Case Number:	CM15-0165387		
Date Assigned:	09/10/2015	Date of Injury:	01/09/2012
Decision Date:	10/07/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51 year old female who sustained an industrial injury on 1-9-12. A review of the medical records indicates that she is undergoing treatment for right knee status-post revision ACL reconstruction and partial medial meniscectomy-chondroplasty; medial compartment degenerative joint disease, left knee status-post arthroscopic partial medial meniscectomy and partial lateral neiscectomy-condroplasty 5-15-14, and left knee medial compartment arthrosis with superimposed medial and lateral meniscal tears. Medical records (3-11-15 to 6-11-15) indicate ongoing complaints of bilateral knee pain. Her history reveals that she has had pain affecting the left knee more than the right. A cortisone injection into the left knee (3-11-15) gave relief for approximately two weeks. She developed worsening pain of the right knee, which was noted on the 6-11-15 visit. The treating provider indicates that she remains off work. Walking, standing, and going up and down stairs have been affected by the pain in her bilateral knees. The physical exam revealed right knee range of motion "0-100, 1+ effusion, and 1+ PFC". Her previous treatments, aside from surgery, have included oral medications, a cortisone injection to the left knee, and at least eight sessions of physical therapy. She has undergone an MRI of the left knee. The authorization request, dated 7-10-15, included an MRI of the right knee. The primary treating provider requested the authorization "to evaluate for loose bodies or changes such as avascular necrosis of the distal femur due to increased pain in the knee that has worsened recently" (6-11-15). The utilization review (7-27-15) denied the request, indicating that the diagnosis "has been clarified with prior imaging studies, as well as surgically via arthroscopy".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. 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. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore the request is not medically necessary.