

Case Number:	CM15-0165507		
Date Assigned:	09/03/2015	Date of Injury:	04/21/2011
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
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: California

Certification(s)/Specialty: Emergency 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:

This is a 57-year-old male worker who was injured on 4-21-2011. The medical records indicated the injured worker (IW) was treated for lumbar spine post micro decompression; left knee degenerative changes in the lateral meniscus, edema, per MRI 6-1-11; right knee acute derangement, secondary to biomechanical dysfunction of the low back and right knee, with severe swelling of the knee joint. The progress notes (7-22-15) indicated the IW had constant, frequent severe pain and swelling in the right knee with slight decrease in pain intensity with treatment. Other notes (7-21-15) reflected the IW had difficulty completing his daily activities including personal hygiene and household chores and also with prolonged sitting, standing and walking; bending, kneeling, stooping; and ascending and descending stairs. On physical examination (7-22-15) there was moderate to severe palpable tenderness and severe swelling of the right knee. Extension was 145 out 180 and flexion was 30 out of 135. McMurray's sign was positive and varus and valgus testing elicited severe pain. The provider indicated an updated MRI of the right knee was necessary due to ongoing severe pain and discomfort. A Request for Authorization dated 7-22-15 was received for an MRI of the right knee. The Utilization Review on 8-7-15 non-certified the request for an MRI of the right knee, because the documentation did not meet the CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The requested MRI of the right knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has frequent severe pain and swelling in the right knee with slight decrease in pain intensity with treatment. Other notes (7-21-15) reflected the IW had difficulty completing his daily activities including personal hygiene and household chores and also with prolonged sitting, standing and walking; bending, kneeling, stooping; and ascending and descending stairs. On physical examination (7-22-15) there was moderate to severe palpable tenderness and severe swelling of the right knee. Extension was 145 out 180 and flexion was 30 out of 135. McMurray's sign was positive and varus and valgus testing elicited severe pain. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the right knee is not medically necessary.