

Case Number:	CM15-0168648		
Date Assigned:	09/09/2015	Date of Injury:	04/07/2006
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This 49 year old male sustained an industrial injury on 4-07-06. Diagnoses include pain in joint involving the leg. Treatments to date include x-ray and MRI testing, leg and shoulder surgeries, physical therapy and prescription medications. The injured worker has continued complaints of bilateral knee pain and instability. Upon examination, there was reduced range of motion noted in the right knee. Lachman's testing was questionable in the left knee. Prior radiographic tests reveal presence of surgical hardware in the left lower extremity. A rating of the pain on a scale was not provided. The treating physician made a request for MRI of the left knee and MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MRI.

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 Chapter under MRI's (magnetic resonance imaging).

Decision rationale: The current request is for MRI of the left knee. The RFA is dated 07/22/15. Treatments to date include x-ray and MRI testing, leg and shoulder surgeries, right tibia ORIF and left knee peroneal nerve release on April 2009, physical therapy and prescription medications. MTUS/ACOEM Guidelines Chapter 13 under Knee section, pages 341 and 342 regarding 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. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: 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. (Weissman, 2011)" Per report 07/16/15, the patient presents with chronic bilateral knee pain. Examination revealed instability in the left knee, limited ROM, and posterior and anterior drawer sign on the left. The patient reports continue left knee instability, which often buckles. In terms of the right knee, he states that there is significant pressure in the calf region, decreased sensory in the right medial calf, and decreased ROM. X-ray of the right tibia confirms rod TPN case with tibia ORIF and left knee x-rays confirms, "some type of screw in the femur." The treater recommends the patient have MRI's of the bilateral knee. The patient is s/p right tibia ORIF, and left knee peroneal nerve release, neurolysis and osteotomy in April 2009. He then underwent left knee ACL revision in April 2010. There is no indication of MRI's following the patient's 2009 and 2010 surgeries. The patient presents with significant examination findings that include instability and decreased sensation, and further imaging at this juncture appears reasonable. This request IS medically necessary.

MRI right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MRI.

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

Decision rationale: The current request is for MRI of the right knee. The RFA is dated 07/22/15. Treatments to date include x-ray and MRI testing, leg and shoulder surgeries, right tibia ORIF and left knee peroneal nerve release on April 2009, physical therapy and prescription medications. MTUS/ACOEM Guidelines Chapter 13 under Knee section, pages 341 and 342 regarding 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. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: 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. (Weissman, 2011)" Per report 07/16/15, the patient presents with chronic bilateral knee pain. Examination revealed instability in the left knee, limited ROM, and posterior and anterior drawer sign on the left. The patient reports continue left knee instability, which often buckles. In terms of the right knee, he states that there is significant pressure in the calf region, decreased sensory in the right medial calf, and decreased ROM. X-ray of the right tibia confirms rod TPN case with tibia ORIF and left knee x-rays confirms "some type of screw in the femur." The treater recommends the patient have MRI's of the bilateral knee. The patient is s/p right tibia ORIF, and left knee peroneal nerve release, neurolysis and osteotomy in April 2009. He then underwent left knee ACL revision in April 2010. There is no indication of MRI's following the patient's 2009 and 2010 surgeries. The patient presents with significant examination findings that include instability and decreased sensation, and further imaging at this juncture appears reasonable. This request IS medically necessary.