

Case Number:	CM15-0169324		
Date Assigned:	09/10/2015	Date of Injury:	02/21/2013
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York, Tennessee
 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 62-year-old female with a date of injury of February 21, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for right knee sprain and strain and rule out internal derangement of the right knee. Medical records (July 10, 2015) indicate that the injured worker complains of constant pain in the right knee radiating to the lateral aspect of the right knee rated at a level of 8 out of 10. Records also indicate the injured worker complains of tingling, and that the pain is worsening. Subjective complaints were unchanged since an evaluation on June 12, 2015. The physical exam (July 10, 2015) reveals nonspecific tenderness of the right knee, moderate tenderness to palpation at the medial peripatellar, lateral patellar, medial collateral and lateral collateral on the right, and positive McMurray test with interior and exterior rotation of the right knee. Review of the progress note dated June 12, 2015 noted that there were no changes in the physical examination since that date. Treatment has included magnetic resonance imaging of the right knee on April 23, 2013, at least eight sessions of physical therapy for the right knee that the injured worker states has been helpful to an extent, right knee surgery in July of 2013, and medications. The original utilization review (July 30, 2015) non-certified a request for an open magnetic resonance imaging of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's (magnetic resonance imaging).

Decision rationale: Per MTUS MRI of the knee is indicated only for meniscus tear if surgery is being considered, ligament tears of the knee for confirmation, or patellar tendinitis if surgery is being considered. Per ODG indications for MRI of the knee are as follows: Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial antero-posterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial antero-posterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial antero-posterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.-Non-traumatic knee pain, adult; non-trauma, non-tumor, non-localized pain. Initial antero-posterior and lateral radiographs demonstrate evidence of internal derangement - Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case documentation states that the patient had prior MRI of the right knee. The patient has not experienced another injury and there is no documentation of red flags or change in the patient's physical examination. There is no indication for repeat MRI of the left knee. The request is not medically necessary.