

Case Number:	CM15-0180293		
Date Assigned:	09/22/2015	Date of Injury:	02/28/2012
Decision Date:	11/10/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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 40 year old male, who sustained an industrial injury on 2-28-2012. The injured worker is undergoing treatment for: right shoulder pain, right knee pain, and right ankle pain. On 3-17-15, he reported pain to the right shoulder, right ankle, and right knee. He indicated this was a flare up of right knee pain and denied activity that would have resulted in the flare up. Physical findings revealed tenderness in the right ankle and right knee. The right knee range of motion is decreased and testing resulted in negative McMurray's and Lachman. The treatment plan included requesting a right knee magnetic resonance imaging. The record does not indicate a pain level. On 7-7-15, he reported pain to the right knee, right ankle, right shoulder and right heel. Physical findings revealed tenderness in the right ankle and heel, negative McMurray's and Lachman's tests of the right knee, tenderness in the right knee. The range of motion of the right knee and pain level are not documented. The treatment and diagnostic testing to date has included: medications, right knee brace, right knee magnetic resonance imaging (3-13-12) reported to reveal chondromalacia of patellar cartilage; magnetic resonance imaging of the right ankle (2-15-13), liver function testing. Medications have included: Norco, Lidoderm patches, Amitriptyline, Diclofenac, Acetaminophen. Current work status: reported as currently working limited duty. The request for authorization is for: magnetic resonance imaging of the right knee. The UR dated 8-12-2015: non-certified the request for 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:

MRI of the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Magnetic resonance imaging.

Decision rationale: The patient presents with pain in the right knee, right ankle, and right heel. The request is for MRI of the right knee. Physical examination to the right knee on 07/07/15 revealed tenderness to palpation. McMurray's and Lachman's tests were negative. Per 05/12/15 progress report, patient's diagnosis include chronic right knee pain with grade I and II chondromalacia of the patellar cartilage on the MRI scan from March 13, 2012, awaiting authorization for a repeat right knee MRI scan; chronic right ankle sprain with evidence of mild sinus tarsi syndrome noted on the MRI scan of February 15, 2013; chronic right shoulder sprain; ulcer disease exacerbated or aggravated by the treatment of his industrial injury on February 28, 2012 with oral anti-inflammatory medications such as Naprosyn which have been discontinued; history of elevated liver function tests probably related to Acetaminophen or Diclofenac in the past, he has been advised by his primary care doctor that he is okay to take the Norco for pain. Patient's medications, per 04/14/15 progress report include Norco, Amitriptyline, and Lidoderm Patch. Patient's work status is modified duties. ODG Guidelines, Knee and Leg chapter, under Magnetic resonance imaging states: Indications for imaging: MRI: Acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic. If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic. Non-traumatic knee pain, adult non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. 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) The treater has not discussed this request; no RFA was provided either. The patient continues with pain in the right knee. Review of the medical records provided indicate that the patient underwent an MRI of the right knee on 03/13/12. In this case, the treater has not discussed or documented any significant trauma or suspicion of internal derangement to warrant an MRI of the knee. Furthermore, ODG guidelines support repeat MRI's for post-operative assessment. This patient is not post-operative and does not present with a new injury or significant change in symptoms to warrant a repeat MRI. This request IS NOT medically necessary.