MAXIMUS Federal Services

Case Number:	CM15-0182592		
Date Assigned:	09/23/2015	Date of Injury:	12/17/2010
Decision Date:	10/28/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 36 year old who sustained an industrial injury on December 17, 2010. A recent primary treating office visit dated July 31, 2015 reported subjective complaint of "slight pain in the left knee, but more pain on the right knee." There is note of consulting physician with recommendation to undergo bilateral knee magnetic resonance imaging (MRI) study. Objective assessment noted: "right knee tenderness and crepitus." "There is left knee crepitus and no tenderness." "There is slight swelling in the right knee without swelling of the left." The following diagnoses were applied: chronic right knee pain with medial meniscal tear noted on MRI date December 28, 2010; chronic left knee sprain from favoring the right knee, and status post chronic cough resolved. The plan of care noted: "may continue with Voltaren gel to the right knee. There is requested recommendation for bilateral knee MRI scans and for orthopedic referral. An initial orthopedic evaluation dated May 05, 2015 reported chief subjective complaint of "pain in the right and left knees." "His pain is located in the front of right and left knees." He was previously deemed as permanent and stationary. Voltaren gel is the current medication. Objective assessment noted: right knee positive for quadriceps atrophy; decreased quadriceps tone and positive crepitus with range of motion. The plan of care is with recommendation to undergo bilateral knee MRI's. On July 31, 2015 a request for services to undergo a magnetic resonance imaging study of bilateral knees was noted not certified due to the recommended guidelines indicating this testing in the acute trauma phase.

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 ODG, Knee, MRI.

Decision rationale: Key case observations are as follows. The claimant was injured in 2010. As of July, there was slight pain in the left knee, but more pain on the right knee. The diagnoses were chronic right knee pain with medial meniscal tear noted on MRI date December 28, 2010; chronic left knee sprain from favoring the right knee, and status post chronic cough now resolved. An initial orthopedic evaluation from May again noted pain in the right and left knees. Current plain x-rays are not noted. Objective orthopedic signs of internal derangement are not noted. The MTUS does not address advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic or demonstrate normal findings or a joint effusion, or if internal derangement is suspected. No orthopedic signs suggestive or internal derangement are noted in the right knee. No current plain films are noted. In this context, it is not clinically clear what would be gained with the right knee MRI. The request is not medically necessary under evidence-based criteria.

MRI of the left 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 ODG, Knee, MRI.

Decision rationale: As shared, key case observations are as follows. The claimant was injured in 2010. As of July, there was slight pain in the left knee, but more pain on the right knee. The diagnoses were chronic right knee pain with medial meniscal tear noted on MRI date December 28, 2010; chronic left knee sprain from favoring the right knee, and status post a resolved chronic cough. An initial orthopedic evaluation from May again noted pain in the right and left knees. Current plain x-rays are not noted. As in the accompanying review for the right knee, the MTUS does not address advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (i.e. they demonstrate normal findings or a joint effusion) or if internal derangement is suspected. No orthopedic signs suggestive or internal derangement are noted in the right knee. No current plain films are noted. In this context, it is again not clinically clear what would be gained with a knee MRI. The request is not medically necessary under evidence-based criteria.