MAXIMUS Federal Services

Case Number:	CM15-0184350		
Date Assigned:	09/24/2015	Date of Injury:	05/19/2015
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 50 year old male, who sustained an industrial injury on 5-19-2015. Medical records indicate the worker is undergoing treatment for left knee sprain. A recent progress report dated 8-24-2015, reported the injured worker complained of constant aching, swelling and pain in the bilateral knees-right greater than left. Physical examination revealed antalgic gait, bilateral knee effusion, synovitis and tenderness. Left knee magnetic resonance imaging performed 6-30-2015 showed moderate knee joint effusion with chondromalacia, mild strain of the medial patello-femoral complex and mild to moderate articular cartilage narrowing with no evidence of any tears. Treatment to date has included injection, knee brace, 3 visits of physical therapy-which were not helpful, Motrin and Norco. The physician is requesting bilateral knee magnetic resonance imaging. The right knee magnetic resonance imaging was approved. On 9-8-2015, the Utilization Review noncertified the request for a left knee magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs.

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 patient was injured on 05/19/15 and presents with left knee pain. The request is for a retrospective left knee MRI. There is no RFA provided and the patient is to return to modified work on 07/22/15. The patient has not had a prior MRI of the left knee. 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. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior 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 anteroposterior, 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 anteroposterior 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 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. The patient has an antalgic gait, bilateral knee effusion, synovitis, and tenderness. He is diagnosed with joint pain of the left leg and knee degenerative osteoarthritis. The reason for the request is not provided. Review of the reports provided does not indicate if the patient has had a prior MRI of the left knee. Given the patient's persistent level of symptoms and no prior MRI of the left knee, a MRI appears medically reasonable and supported by the guidelines. The request is medically necessary.