

Case Number:	CM15-0186015		
Date Assigned:	09/28/2015	Date of Injury:	01/27/2009
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 27, 2009. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for updated MRI imaging of the left knee. The claims administrator referenced an RFA form of August 20, 2015 and an associated progress note of August 13, 2015 in its determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant reported ongoing complaints of low back, knee, and shoulder pain, 4-5/10. The applicant was on Norco, Neurontin, and Lexapro, it was reported. An updated left knee MRI was sought. The attending provider stated that the applicant had had previous knee MRI imaging which showed degenerative arthropathy. The treating provider stated that the applicant had received multiple Synvisc injections for the same, without profit. The treating provider stated that the applicant needed an updated MRI prior to consulting a knee surgeon, seemingly to address issues with knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 483 Recommendation: MRI for Routine Evaluation of Acute, Subacute, or Chronic Knee Joint Pathology MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for MRI imaging of the left knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335 and 336 acknowledges that MRI imaging can be employed to confirm a wide variety of diagnoses, including meniscus tear, collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear, patellar tendonitis, etc., the MTUS Guideline in ACOEM Chapter 13, Table 13-2, does not establish an explicit role for MRI imaging to evaluate issues with knee arthritis, as were seemingly present here on or around the date of the request, August 13, 2015. The treating provider stated that MRI imaging of the knee was being sought for the purposes of evaluating the progress of the degenerative arthritis, i.e., a role for which the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 and 336 does not explicitly endorse MRI imaging. The MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 further stipulates that MRI imaging is indicated "only if surgery is contemplated." Here, however, the requesting provider was a nurse practitioner (NP) associated with pain management practice, significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The Third Edition ACOEM Guidelines Knee Chapter takes a more explicit position against usage of MRI imaging in the evaluation of degenerative joint disease, explicitly stating that MRI imaging is "not recommended" to evaluate the same. Therefore, the request was not medically necessary.