

Case Number:	CM15-0186219		
Date Assigned:	09/28/2015	Date of Injury:	07/11/2014
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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, Hawaii

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 30 year old male who sustained an industrial injury on 7-11-2014. A review of medical records indicates the injured worker is being treated for tear medial cartilage or meniscus knee current, pain in joint, lower leg, knee tear medial meniscus acute, condition worsening, pain in joint, lower leg acute, condition worsening. Medical records dated 7-21-2015 noted right knee pain rated a 9 out 10 and notes it is constant. Aggravating factors were getting up in the morning, kneeling, moving around, and standing for long periods. Physical examination noted tenderness to palpation of the right knee with decreased range of motion. Treatment has included surgery, physical therapy, and a home exercise program. Utilization review form dated 8-19-2015 noncertified MRI of the right knee with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right knee with contrast: 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 online, Knee & Leg, MRI.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for MRI Right knee with contrast. The treating physician report dated 8/3/15 (88B) states, "This is necessary as the patient has had significant symptoms for prolonged period of time." An operative report dated 3/12/15 (68B) states, "After failure of improvement, the patient was recommended an MRI of the knee. The MRI of the knee revealed evidence of a lateral meniscal tear with meniscal cyst." The MTUS guidelines do not address the current request. The ODG guidelines states the following regarding repeat MRI's of the knee: "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." In this case, the patient received an MRI on 3/12/15 and there is no discussion provided that shows the treating physician is requesting a repeat MRI in order to "assess knee cartilage repair tissue." Furthermore, routine use of MRI for follow-up of knee arthroplasty is not recommended and there are no red flags noted in the records provided. The current request is not medically necessary.