

Case Number:	CM15-0187961		
Date Assigned:	09/29/2015	Date of Injury:	01/07/2015
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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 35 year old female, who sustained an industrial injury on 1-7-2015. The injured worker was being treated for a left knee cruciate ligament sprain. Medical records (5-18-2015 to 8-10-2015) indicate ongoing, intermittent aching pain of the left knee, which increased with walking. The physical exam (5-18-2015 to 8-10-2015) revealed tenderness and +2 to +3 spasm to the left anterior joint line and popliteal fossa, a positive left posterior-anterior Drawer test, and a positive left McMurray's test. Per the agreed medical evaluator report (8-17-2015), in-house x-rays of the left knee revealed no abnormal findings. An MRI of the left knee on 8-21-2015 revealed medial plica, a small joint effusion, and no evidence for ligamentous rupture or meniscal tear. Treatment has included physical therapy, acupuncture, off work, and medications including oral pain, topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-9-2015 report), the employee has not returned to work. On 9-9-2015, the requested treatments included an MRI 3D of the left knee. On 9-10-2015, the original utilization review non-certified a request for an MRI 3D of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) 3D 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 chapter, 3D MRI.

Decision rationale: The records indicate that the patient has ongoing complaints in the left knee. The current request is for magnetic resonance imaging (MRI) 3D of the left knee. The attending physician in his report dated 8/10/15, states the MRI is necessary to investigate for internal derangement of the left knee. The ODG states that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. However, 3D MRI are not recommended as a separate procedure. Surgeons in clinical practice need not order a lengthy dedicated 3D MRI, but can confidently use a standard 2D MRI. Three-dimensional (3D) rendering of imaging studies uses multiple thin sections of images and reconstructs them into 3 dimensional images which can extract and display anomalies and/or structures to optimize visualization of the pathology. In this case, the use of an MRI scan to investigate for internal derangement does appear recommended, but the use of a 3D MRI is not consistent with guidelines. As such, the request is not medically necessary.