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| Case Number: | CM15-0189610 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 05/20/2014 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 48 year old female, who sustained an industrial injury on 05-20-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for myofascial cervical spine sprain, myofascial lumbar spine sprain, bilateral knee ligamentous sprain, and partial amputation at ring and middle finger. Treatment and diagnostics to date has included MRI's of right knee dated 05-28-2015 and 08-21-2015. MRI of the left knee report dated 08-24-2015 stated "moderate generalized loss of articular cartilage of patella, very small joint effusion, subcutaneous soft tissue bruise on the anterior aspect of the knee, and subchondral erosions of medial femoral condyle" and MRI of the right knee report dated 08-21-2015 stated "moderate generalized loss of articular cartilage of patella, there is edema in the prepatellar region as well as anterior infrapatellar tendon, and subchondral erosions of medial femoral condyle". After review of progress notes dated 07-08-2015 and 08-05-2015, the injured worker reported neck pain, low back pain, bilateral elbow pain, bilateral wrist- hand pain, and bilateral knee pain. Objective findings included cervical spine, bilateral elbow, lumbar spine, bilateral wrist, and bilateral knee tenderness to palpation with decreased range of motion and positive McMurray's test. According to a progress note dated 04-29-2015, the injured worker had MRI studies performed on her neck, mid back, low back, both arms, and both knees but results were not indicated in report. The request for authorization dated 08-14-2015 requested to start acupuncture care and MRI of bilateral knees. The Utilization Review with a decision date of 09-02-2015 non-certified the request for MRI of left knee and MRI of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

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

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 Magnetic resonance imaging.

Decision rationale: The patient presents on 08/05/15 with pain in the neck, lower back, bilateral elbows and wrists, and bilateral knees. The patient's date of injury is 05/20/14. The request is for MRI right knee. The RFA is dated 08/14/15. Physical examination dated 08/05/15 reveals tenderness to palpation of the cervical spine, bilateral elbows, lumbar spine, bilateral wrists, and bilateral knees. The provider also notes positive Millis sign, positive Cozen's sign, positive Kem's sign, positive Tinel's sign, positive Phalen's sign, and positive McMurray's sign (unspecified). The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the right knee dated 05/28/15, significant findings include: "Trace knee joint effusion... Fissuring of the articular cartilage overlying the medial patellar facet." Patient is currently not working. MTUS/ACOEM Guidelines, Knee Complaints, Chapter 13, 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 Magnetic resonance imaging states: Indications for imaging, MRI: Acute trauma to the knee, including significant trauma 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 next study if clinically indicated, if additional study is needed. Non-traumatic knee pain, child or adult, patellofemoral symptoms, initial anteroposterior, lateral and axial radiographs non-diagnostic, 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. Non-traumatic knee pain, adult, non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. In regard to the repeat MRI of the right knee, the patient does not meet guideline criteria. The documentation provided includes evidence that this patient had already obtained at least two MRIs of the right knee prior to this request. Per progress note dated 04/29/15, the provider states: "Due to ongoing complaints, MRI studies were recommended and obtained of her neck, mid back, low back, both arms and both knees. She believes she underwent her MRI studies approximately 1-1/2 months ago..." No additional documentation regarding these MRIs was provided. Subsequently, an MRI report for the right knee dated 05/28/15 was included, with some degenerative findings. While this patient presents with significant chronic pain complaints, no rationale is provided as to why this patient requires a third right knee MRI. There is no evidence of acute re-injury to the right knee or any "red flags"

which would necessitate additional imaging. Without such evidence, this repeat MRI cannot be substantiated. The request is not medically necessary.

MRI left knee: Upheld

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

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 Magnetic resonance imaging.

Decision rationale: The patient presents on 08/05/15 with pain in the neck, lower back, bilateral elbows and wrists, and bilateral knees. The patient's date of injury is 05/20/14. The request is for MRI left knee. The RFA is dated 08/14/15. Physical examination dated 08/05/15 reveals tenderness to palpation of the cervical spine, bilateral elbows, lumbar spine, bilateral wrists, and bilateral knees. The provider also notes positive Millis sign, positive Cozen's sign, positive Kem's sign, positive Tinel's sign, positive Phalen's sign, and positive McMurray's sign (unspecified). The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the right knee dated 05/28/15, significant findings include: "Trace knee joint effusion... Fissuring of the articular cartilage overlying the medial patellar facet." Patient is currently not working. MTUS/ACOEM Guidelines, Knee Complaints, Chapter 13, 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 Magnetic resonance imaging states: Indications for imaging, MRI: Acute trauma to the knee, including significant trauma 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 next study if clinically indicated, if additional study is needed. Non-traumatic knee pain, child or adult, Patellofemoral symptoms. Initial anteroposterior, lateral and axial radiographs non- diagnostic, 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. Non-traumatic knee pain, adult - non-trauma, non- tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. In regard to the repeat MRI of the left knee, the patient does not meet guideline criteria. The documentation provided includes evidence that this patient had already obtained at least one MRI of the left knee prior to this request. Per progress note dated 04/29/15, the provider states: "Due to ongoing complaints, MRI studies were recommended and obtained of her neck, mid back, low back, both arms and both knees. She believes she underwent her MRI studies approximately 1-1/2 months ago..." No additional documentation regarding these MRIs was provided. While this patient presents with significant chronic pain complaints, no rationale is provided as to why this patient requires a second left knee MRI. There is no evidence of acute re-injury to the left knee or any "red flags" which would necessitate additional imaging. Without such evidence, this repeat MRI cannot be substantiated. The request is not medically necessary.