

Case Number:	CM15-0190861		
Date Assigned:	10/05/2015	Date of Injury:	10/26/2007
Decision Date:	11/18/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/28/2015

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 61 year old female, who sustained an industrial injury on 10-26-2007. The injured worker was diagnosed as having medial meniscal tear and degenerative joint disease left knee, patella chondromalacia, and right knee patella chondromalacia. Treatment to date has included diagnostics, viscosupplementation, and medications. Currently (8-06-2015), the injured worker complains of "significantly increased" bilateral knee pain, after return to work doing regular duties (kneeling, squatting, and bending). Her pain was not rated and current medication regimen, if any, was not described. Objective findings included bilateral effusions, range of motion 0-95 degrees, wide based gait, medial pain "worse", and patellar clicking. Magnetic resonance imaging of the right knee (3-2012) noted intrasubstance degenerative type changes posterior horn meniscus, no evidence of meniscal tear, patellofemoral degenerative type changes with underlying hypoplasia of the medial femoral eminence, grade 3-4 changes of chondromalacia involving retropatellar cartilage, findings most pronounced in the region of the patellar apex. Her work status was to continue full duty. Complaints-findings appeared consistent since at least 3-2015. The treatment plan included magnetic resonance imaging of the right knee, non-certified by Utilization Review on 9-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 & Leg Chapter under MRI's.

Decision rationale: The patient presents with right and left knee pain. The request is for MRI of the right knee. The request for authorization is dated 08/06/15. MRI of the right knee, 03/19/12, shows intrasubstance degenerative-type changes posterior horn medial meniscus, no evidence of a meniscal tear; patellofemoral degenerative-type changes with underlying hypoplasia of the medial femoral eminence, grade 3-4 changes of chondromalacia involving the retropatellar cartilage, findings are most pronounced in the region of the patellar apex. Patient's diagnoses include left knee medial meniscal tear, DJD; patella chondromalacia; right knee patella chondromalacia. Physical examination of the knees reveals positive effusion right and left knees. There is decreased range of motion. Per progress report dated 08/06/15, the patient is full duty. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on 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-TWC, Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging), states: "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." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." Per progress report dated 08/06/15, treater's reason for the request is "given this deterioration of her right and left knees." In this case, the patient had a previous MRI of the right knee on 03/19/12. ODG guidelines support repeat MRIs for post-surgical patients to assess knee cartilage repair tissue. This patient does not present with a new injury, post-op evaluation or new clinically significant findings to warrant an updated MRI. The request is not medically necessary.