

Case Number:	CM15-0192442		
Date Assigned:	10/07/2015	Date of Injury:	08/21/2007
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 8-21-2007. The injured worker is being treated for chronic pain, internal derangement right knee status post meniscectomy medially, and internal derangement left knee status post arthroscopy and total joint replacement with gross instability. Treatment to date has included surgical intervention (right and left knee), physical therapy, cortisone injections, Hyalgan injections, TENS, bracing, and medications. Per the Primary Treating Physician's Progress Report dated 8-31-2015, the injured worker presented for follow-up. He reported so much pain in the right knee that he wants surgical intervention. Standing x-rays revealed "2mm articular surface on the left." The most recent magnetic resonance imaging (MRI) (2012) "showed some wear along anterior cruciate ligament as well." Objective findings included tenderness along the joint line medially. He is not working but "could do sedentary type of work." The plan of care included, and authorization was requested for MRI of the right knee 12 visits of therapy for the right knee, four lead TENS unit and medications. On 9-04-2015, Utilization Review non-certified the request for MRI of the right knee without contrast.

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 without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM chapter on knee complaints describes that MRI is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical indication. The submitted medical records document extensive recent conservative care for a period of many months after surgical recommendation was made. Symptoms have not improved and the claimant has indicated he would like to proceed with surgery. Right knee MRI is medically necessary in this case.