

Case Number:	CM15-0193446		
Date Assigned:	10/07/2015	Date of Injury:	01/19/2000
Decision Date:	11/16/2015	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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 44-year-old male who sustained an industrial injury on 1-29-2000. Diagnoses have included internal derangement of the knee and sprain of medial collateral knee ligament. Documented treatment includes three left knee surgeries in 2001, including medial and lateral collateral ligament, and posterior cruciate ligament reconstructions, home exercise, and medication. The 8-27-2015 note states he had done "reasonably well" since the surgeries, but at this visit, the injured worker reported that the day before he experienced a "tearing sensation" with pain in his left knee, and noted that an incision was discolored. Since then, he stated he felt "unstable" and was experiencing pain with prolonged standing and weight bearing. The physician noted no objective symptoms including drainage, fevers or chill, and stated one proximal tibial scar was purple and red, "suggesting bleeding behind it." There was no tenderness or effusion, but he observed some instability and tenderness with palpation of the lateral joint line. Previous notes provided state left lateral knee pain with some tenderness, but there is no report of tearing, discoloration or instability. The treating physician's plan of care includes an MRI of the left knee, which was denied on 9-4-2015. There are no recent MRIs provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Indications for imaging, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI (magnetic resonance) imaging left knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are non-diagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are status post three prior ligament reconstructive surgeries with new ones that pain and discoloration around one of the incisions. In this case, the injured worker's working diagnosis is status post three prior ligament reconstructive surgeries with new onset pain and discoloration around one of the incisions. The date of injury is January 29, 2000. Request for authorization is September 1, 2015. According to an August 27, 2015 progress note, the injured worker did well until one-day prior where he felt the tearing sensation and some discoloration. The injured worker has a history of MCL, PCL, and LCL reconstructive surgeries. Objectively, the area is non-tender with no effusion. There is a little bit of posterior lateral instability. The treating provider comments: "it appears to me that he has probably simply torn some scar tissue and the rest of local bleeding. I cannot see anything else that makes me worry." The injury is one day old. Treating provider goes on to comment the little bit of posterior laxity has probably been chronic. It would not be unreasonable to allow for healing of this region prior to ordering advanced diagnostic imaging (MRI left knee). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, provider comment regarding some chronic scar tissue and chronic posterior laxity, MRI (magnetic resonance imaging) left knee is not medically necessary.