

Case Number:	CM15-0194489		
Date Assigned:	10/08/2015	Date of Injury:	10/10/2001
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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 63 year old male, who sustained an industrial injury on October 10, 2001. He reported right knee pain. The injured worker was currently diagnosed as having bilateral cuff tears and impingement, bilateral post traumatic degenerative joint disease of the knees, moderate degenerative joint disease patellofemoral right knee and mild degenerative joint disease lateral compartment discoid meniscus. Treatment to date is unknown. On August 13, 2015, the injured worker complained of giving way, pain, weakness, stiffness and instability. Physical examination revealed atrophy, loss of strength, loss of range of motion and grating. Some of the handwritten progress report was illegible. The treatment plan included an MRI, physical therapy two times a week for six weeks and Euflexxa. On September 3, 2015, utilization review denied an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee: Overturned

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 Official Disability Guidelines (ODG) Knee and Leg chapter, under Magnetic resonance imaging.

Decision rationale: The patient presents on 08/13/15 with right knee pain, locking, give-way, instability, and stiffness. The patient's date of injury is 10/10/01. Patient has no documented surgical history directed at this complaint. The request is for MRI of left knee. The RFA is dated 08/13/15. Physical examination dated 08/13/15 reveals atrophy of the right lower extremity, reduced strength and ROM in the affected knee, positive Apley's maneuver, moderate crepitus and grating of the right patellofemoral joint. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient's current work status is not provided. 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. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult: patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic. If additional imaging is necessary and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. In regard to the MRI of the left knee, the request is appropriate. Progress notes do not contain any evidence that this patient has undergone any MRI imaging to date. Per progress note dated 08/13/15, has been experiencing worsening symptoms in his bilateral knees, and presents with effusion of the joint as well as examination findings indicative of dysfunction such as positive Apley's test and grinding/crepitus. Given this patient's clinical presentation, and the lack of any MRI imaging of the affected joint; an MRI could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request is medically necessary.