

Case Number:	CM15-0194535		
Date Assigned:	10/08/2015	Date of Injury:	09/27/2011
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
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, 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 9-27-2011. Diagnoses have included failed right knee surgery, right knee pain, chronic pain syndrome with significant neuropathic pain component to the right leg, myofascial pain, Allodynia, and it was noted that he has depression secondary to the injury. Previous diagnostic tests are not present in the provided medical records. Documented treatment includes total right knee replacement in 2014, use of a hard metal brace, home exercise, and medication. On 8-27-2015 the injured worker reported that he was experiencing right knee pain characterized as "stabbing, aching, burning, and tingling," with pins and needles sensation into his lower right leg. Pain without medication was rated as 9 - 10 out of 10, and 6 out of 10 with medication. He notes that this is consistent with his previous appointment. Upon evaluation, the physician noted that extension of the knee was limited to 105 degrees "only," and he had an antalgic gate using a cane. The injured worker had been referred for consultation regarding his knee to a surgeon who requested "updated x-rays and MRI." Notes from this visit is not provided, but request secondary to the visit have been documented for at least 6 months prior to this recent request. The treating physician's plan of care includes updated right knee x-rays and MRI "so he can follow up to discuss surgery." This was denied on 9-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee MRI: Upheld

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

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, magnetic resonance imaging right 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 workers working diagnoses are right knee pain; chronic pain syndrome significant neuropathic pain component right leg; myofascial pain; allodynia; status post total knee replacement; and depression. Date of injury is September 27, 2011. Request for authorization is August 28, 2015. According to a progress note dated August 27, 2015, the injured worker has ongoing right knee pain and a failed need surgery. The injured worker was referred to the orthopedist. Pain score is 6/10. Objectively, there is tenderness to palpation globally over the knee. There is swelling present decreased range of motion. There is no documentation of instability, but the injured worker wears a brace for support. There is no set of complete radiographs in the medical record as a prelude to magnetic resonance imaging. Additionally, the injured worker has a knee prosthesis which will interfere with the MRI quality. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating a complete set of radiographs were performed and prosthesis that will interfere with MRI quality, magnetic resonance imaging right knee is not medically necessary.