MAXIMUS Federal Services

Case Number:	CM15-0194585		
Date Assigned:	10/08/2015	Date of Injury:	12/11/2012
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
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:

This injured worker is a 53 year old female who reported an industrial injury on 12-11-2012. Her diagnoses, and or impressions, were noted to include: chronic pain due to trauma; pain in ankle-foot joint; internal derangement of knee; mono-neuritis of lower limb; right knee degenerative arthritis. No imaging studies were noted; magnetic resonance imaging studies of the right knee were said to be done on 2-20-2013 but were note noted. Her treatments were noted to include: right knee injections x 2 (6 & 9-2013) - effective; ankle surgery (6-2013); consultation with an orthopedic surgeon for the right knee-ankle; medication management; and a return to full duty work. The pain management progress notes of 7-21-2015 reported complaints which included: continued pain mostly lateral aspect of the right knee, following right ankle surgery, and without evaluation by an orthopedic surgeon; that she did not wish to take narcotics and was not too keen on additional surgery. The objective findings were noted to include: that this physician had taken over her case; that that she appeared very motivated and active. The physician's requests for treatment were noted to include for authorization to refer her to an orthopedic surgeon for 2nd opinion pertaining to her persistent right ankle and right knee pain. No orthopedic surgeon progress notes were noted following the 7-21-2015 pain management progress notes. An orthopedic impairment rating letter for the right knee was noted, with a 10% whole person rating, was noted on 6-27-2015. No Request for Authorization for magnetic resonance imaging studies of the right knee were noted in the medical records provided. The Utilization Review of 9-15-2015 non-certified the request for magnetic resonance imaging studies of the right knee.

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 rationale: The request is for a repeat MRI of the right knee due to continued symptoms following an industrial injury on 12/11/12, including internal derangement of the right knee. There has been no documentation of failure of conservative treatment in regard to the knee. There are no red flags or severe symptoms that cause significant pathology to be suspected. There has been no additional trauma to the knee. The patient states that she does not want further surgery. Physical examination of the knee appears to be relatively benign. A recent steroid injection to the knee improved her range of motion. The MRI request appears to be for the purpose of ascertaining progression her degenerative disease in the knee. However, the patient has had recent MRIs, in 2013 and possibly 2015, so there is no rationale warranting an MRI at this point in time. Therefore, for the reasons given above, the request is not medically necessary or appropriate.