

Case Number:	CM15-0194832		
Date Assigned:	10/08/2015	Date of Injury:	05/08/2009
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
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: Pennsylvania, Ohio, 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 60 year old female, who sustained an industrial-work injury on 5-8-09. She reported initial complaints of knee pain. The injured worker was diagnosed as having lateral meniscus tear of knee, unilateral primary osteoarthritis of left knee, sprain of medial collateral ligament of left knee, and plantar fascial fibromatosis. Treatment to date has included medication, aquatic therapy, acupuncture (6 sessions) with some benefit, and sessions of physical therapy. MRI results were reported on 1-9-15 of the left knee that showed a tear in the lateral meniscus. Currently, the injured worker complains of chronic bilateral knee pain that is associated with aching, spasms, stiffness, and weakness. Pain is rated 5 out of 10 with medication and 9 out of 10 without. Medication includes Hydrocodone-acetaminophen 5-325 mg. Per the primary physician's progress report (PR-2) on 8-12-15, exam noted tenderness to palpation, decreased range of motion and positive effusion. A knee injection was given. Current plan of care includes a second MRI (magnetic resonance imaging) due to worsening of tear. The Request for Authorization requested service to include Repeat MRI of left knee. The Utilization Review on 9-22-15 denied the request for Repeat MRI of left knee, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Knee Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of left knee: 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 rationale: ACOEM recommends regarding special studies regarding the knee "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." In this case the patient's clinical presentation remains consistent with a prior MRI knee of 1/19/15 which demonstrated a left knee lateral meniscus tear. It is unclear how the currently requested repeat MRI would change the patient's treatment plan or clinical management. This request is not medically necessary.