

Case Number:	CM15-0195436		
Date Assigned:	10/09/2015	Date of Injury:	06/14/2012
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
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

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 53 year old male who sustained an industrial injury on 6-14-12. The injured worker reported left knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for status post left knee arthroscopy, subtotal medial meniscectomy, chondroplasty and lateral retinacular release (1-24-13) and left knee degenerative joint disease. Medical records dated 6-24-15 indicate "left knee pain, swelling, and mechanical symptoms of clicking, catching, and grinding." Treatment has included left knee radiographic studies (11-11-14), status post subtotal medial meniscectomy. Objective findings dated 6-24-15 were notable for tenderness to palpation to the medial joint line, positive patellar grind test, McMurray's test positive medially, range of motion testing revealed decreased extension. The original utilization review (9-18-15) denied a request for Repeat MRI (Magnetic Resonance Imaging) of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI (Magnetic Resonance Imaging) of the left knee: Overturned

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

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 06/24/15 with ongoing unrated left knee pain. The patient's date of injury is 06/14/12. The patient is status post left knee arthroscopy, subtotal medial meniscectomy, chondroplasty, and lateral retinacular release on 01/24/13. The request is for repeat MRI (magnetic resonance imaging) of the left knee. The RFA is dated 07/01/15. Physical examination dated 06/24/15 reveals tenderness to palpation over the medial and lateral joint lines (medial greater than lateral), positive patellar grind test on the left, positive McMurray's test on the left without a palpable click. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the left knee dated 07/30/12, with findings of "horizontal cleavage tear involving the posterior horn of the medial meniscus small area of edema seen involving the subchondral bone thinning and irregularly involving portions of the articular cartilage of the medial femoral condyle, medial tibial plateau, and medial patellar facet." 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. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic next study if clinically indicated if additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic. If additional imaging is necessary and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic. Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." In regard to the repeat MRI of the left knee, the request is appropriate. This patient underwent MRI imaging of his left knee on 07/30/12 with some significant findings, and subsequently underwent arthroscopic surgery to the affected joint. Per progress note dated 06/24/15, this patient has been experiencing worsening symptoms in his bilateral knees (left especially), and presents with examination findings indicative of joint dysfunction such as positive patellar grind and McMurray's test. Per 06/24/15 note, the provider signals the reason for the request: "The patient's Supartz injections were denied due to lack of evidence of severe osteoarthritis. Therefore, at this point in time as also recommended by the AME examiner, I am ordering a new MRI of his left knee to better evaluate the status of his cartilage and also to rule out additional or recurrent meniscal tear." Given this patient's clinical presentation, and the lack of any post operative MRI imaging; an MRI could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request is medically necessary.