

Case Number:	CM15-0198567		
Date Assigned:	10/13/2015	Date of Injury:	08/01/2012
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 1, 2012. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for MRI imaging of the knee. The claims administrator referenced a September 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 27, 2015 knee MRI imaging was sought. On an associated progress note dated September 18, 2015, the applicant reported highly variable knee pain complaints, ranging from 6-7/10 without medications versus 10/10 with medications. The applicant exhibited left knee joint tenderness and a positive McMurray maneuver. Multiple medications, including Ultracet, Flexeril, topical capsaicin cream, and Diclofenac cream were all endorsed. The applicant was given a rather proscriptive 20 pound lifting limitation. It did not appear that the applicant was working with said limitation in place, although this did not appear to be the case. The applicant had undergone earlier right knee surgery, the treating provider reported. The applicant had a pending knee surgery consultation on September 26, 2015, the treating provider reported. The attending provider acknowledged that the applicant had had previous x-ray imaging performed of the left knee demonstrating advanced arthritis. It was stated that the applicant might require a left knee replacement at some point. The attending provider suggested, thus, that MRI imaging of the left knee was being sought for the purposes of evaluating the extent of the applicant's left knee arthritis. On September 27, 2015, the applicant apparently consulted an orthopedic knee surgeon, was given a diagnosis of advanced right knee arthritis. The applicant was described as having advanced patellofemoral and medial compartment arthritis about the right knee. There was no mention of the applicant's left knee issues present at this point in time. It was stated the applicant would likely be a candidate for total

replacement at some point in the future. On August 21, 2015, the applicant was described as having persistent complaints of right knee pain. On physical therapy progress note dated August 26, 2015, it was stated the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (left knee): Upheld

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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 483.

Decision rationale: No, the request for an MRI imaging of the left knee was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of MRI imaging of the knee for applicant's who carry a diagnosis of knee arthritis, as was seemingly present here on or around the date in question, September 18, 2015. However, the Third Edition ACOEM Guidelines Knee Disorders Chapter notes that MRI imaging is not recommended in the evaluation of applicants with chronic knee joint pathology, including that associated with degenerative joint disease (DJD) as was reportedly present here on September 18, 2015. The applicant was described as having had prior x-ray imaging of the left knee performed by Agreed Medical Evaluator (AME) who apparently posited the applicant was a candidate for left knee total knee arthroplasty. It was not clearly stated why MRI imaging was sought as the diagnosis in question, namely left knee arthritis, had already been established through conventional plain film x-rays. It was not clearly stated why knee MRI imaging was sought to evaluate knee arthritis in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.