

Case Number:	CM15-0199765		
Date Assigned:	10/15/2015	Date of Injury:	09/22/2011
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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: 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:

The injured worker is a 50 year old male who sustained an industrial injury on 09-22-2011. A review of the medical records indicated that the injured worker is undergoing treatment for right knee internal derangement and sprain. The injured worker is status post arthroscopy with lateral meniscectomy and chondroplasty in 08-2012. According to the treating physician's progress reports dated 09-04-2015, the injured worker aggravated his prior right knee injury on 04-23-2015. The primary treating physician's progress report dated 08-05-2015 noted the injured worker continues to experience medial right knee pain. The injured worker rated his pain level without medications at 4-5 out of 10 and 0-1 out of 10 with medications. Evaluation noted transfer and ambulation with stiffness and guarding. Examination demonstrated moderate tenderness to palpation over the anterior lateral meniscus. The anterior cruciate ligament, posterior cruciate ligament, lateral collateral ligament and medial collateral ligament were intact. Positive McMurray's was documented on the right lateral knee with positive patellar apprehension sign and patellar grind test. Right knee magnetic resonance imaging (MRI) performed on 03-02-2015 stated "findings suspicious for a slightly complex horizontal tear in the posterior horn of the medial meniscus. The lateral meniscus was intact and small joint effusion" and right knee X-rays performed on 06-24-2015 revealed "mild degenerative joint disease of the right knee". Official reports were included in the review. Prior treatments have included diagnostic testing, surgery, post-operative physical therapy and medications. Current medications were listed as Vicodin 5-300mg and Voltaren gel. Treatment plan consists of surgical evaluation of the right knee, Functional Capacity Evaluation (FCE), acupuncture therapy, chiropractic therapy, continuing temporary total disability (TTD) and the current request for a repeat magnetic resonance imaging (MRI) of the right knee without contrast. On 10-01-2015, the Utilization Review determined the request for repeat magnetic resonance imaging (MRI) of the right knee without contrast was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, MRI's (magnetic resonance imaging).

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

Decision rationale: The ACOEM chapters on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. The patient has no instability of the joint on exam and not signs of ligament damage or tear. There are no new pathologic signs on exam. Therefore, the request is not medically necessary.