

Case Number:	CM15-0200052		
Date Assigned:	10/15/2015	Date of Injury:	09/05/2006
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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 45-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 25, 2006. In a Utilization Review report dated September 27, 2015, the claims administrator failed to approve a request for MRI imaging of the knee. The claims administrator referenced an RFA form received on September 21, 2015 in its determination. The applicant's attorney subsequently appealed. On October 10, 2014, the applicant was described as having patellofemoral arthrodesis of the bilateral knees with associated severe pain complaints. The applicant had undergone left and right knee arthroscopies, it was reported. The applicant was described as having "severe patellofemoral chondromalacia" present, the treating provider reported, based on previous operative and radiographic findings. Repeat viscosupplementation injection therapy was sought. On September 14, 2015, the applicant was described as having clicking, popping, and locking of the bilateral knees. The applicant was given operating diagnosis of osteoarthritis of the knee with loose bodies. MRI imaging of the bilateral knees was sought. The treating provider did not state how the proposed knee MRIs would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The MTUS does not address the topic of MRI imaging of the knee for a diagnosis of knee arthritis, as was seemingly present here. However, the Third Edition ACOEM Guidelines Knee Disorders Chapter notes that MRI imaging is not recommended in the routine evaluation of applicants with chronic knee joint pathology, including the degenerative joint disease (DJD), reportedly present here. The applicant was described as having knee arthritis present on office visits of September 14, 2015 and October 10, 2014, both radiographically and operatively confirmed. It was not stated why knee MRI imaging was sought if the applicant already had an established diagnosis of knee arthritis. No clear rationale accompanied the request for a knee MRI imaging. It was not stated how said knee MRI imaging would influence or alter the treatment plan. Therefore, the request was not medically necessary.