

Case Number:	CM15-0200204		
Date Assigned:	10/15/2015	Date of Injury:	09/05/2006
Decision Date:	12/03/2015	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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 12, 2015. In a Utilization Review report dated September 28, 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 said September 21, 2015 RFA form, MRI imaging of the bilateral knees was sought. On an associated progress note dated September 14, 2015, the applicant reported worsening knee pain complaints associated with "bilateral knee arthrosis," for which the applicant received both viscosupplementation and corticosteroid injections. Ongoing complaints of clicking, popping, and locking about the knees were reported. The applicant was described as having moderate patellofemoral arthrosis associated loose bodies was noted on x-ray imaging of the bilateral knees performed in the clinic. MRI imaging of the bilateral knees was sought to evaluate the applicant's knee arthritis. It was not stated how said knee MRI imaging would influence or alter the treatment plan. On an earlier note dated October 10, 2014, the applicant was described as having issues with severe bilateral knee pain status post earlier left and right knee arthroscopies. The applicant was described as having severe patellofemoral chondromalacia present on the earlier operations, the treating provider reported.

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: 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: No, the request for MRI imaging of the left knee was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of knee MRI imaging for diagnosis of knee arthritis, i.e., the operating diagnosis 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 pain, including that associated with knee degenerative joint disease, i.e., as was seemingly present here. The attending provider did not clearly state why knee MRI imaging was sought if the applicant already had an established diagnosis of advanced knee arthritis, both radiographically and intra-operatively confirmed. It was not stated how (or if) said knee MRI imaging would influence or alter the treatment plan. Therefore, the request was not medically necessary.