

Case Number:	CM15-0200331		
Date Assigned:	10/15/2015	Date of Injury:	07/01/2014
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 56 year old female, who sustained an industrial injury on 7-1-14. The injured worker is diagnosed with left knee strain and left knee partial ACL tear. Her work status is temporary total disability. A note dated 9-4-15 reveals the injured worker presented with complaints of left knee pain rated at 8 out of 10. She reports difficulty ambulating and ascending and descending stairs. A physical examination dated 9-2-15 revealed mild left knee swelling, she has an altered gait and range of motion is 0-90 degrees. Treatment to date has included single point cane, surgical intervention; left knee arthroscopy with partial medial meniscectomy, complete synovectomy, abrasion arthroplasty of the medial and patellofemoral compartments, knee brace and medication. A physical therapy note dated 9-4-15 states the injured worker is able to perform all knee strengthening exercises with 2 pounds, leg bike for 30 minutes without pain. Diagnostic studies to date have included left knee MRI (May 2015). A request for authorization dated 9-22-15 for left knee MRI is denied, per Utilization Review letter dated 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: ACOEM notes special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation and 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. Medical notes indicate that the patient feels physical therapy is helping and is continuing a home exercise regimen. ODG further details indications for MRI:- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007). Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The patient's injury is from 2014 and received an MRI on May 06, 2015. The patient underwent left knee arthroscopy on June 20, 2015. The treating physician documents ongoing symptoms despite post-surgical therapy and medications. A repeat MRI is reasonable to assess for additional pathology. As such, the request for MRI Left Knee is medically necessary.