

Case Number:	CM15-0205864		
Date Assigned:	10/22/2015	Date of Injury:	04/22/2011
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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 52 year old female with a date of injury on 04-22-2011. The injured worker is undergoing treatment for bilateral knee arthralgia, knee chondromalacia, rupture patellar tendon, knee medial meniscus tear, knee lateral meniscus tear, lumbar-lumbosacral disc degeneration, low back syndrome, lumbar spondylosis and lumbar myofascial sprain-strain. Physician progress notes dated 04-27-2015, 06-09-2015 and 08-03-2015 documents the injured worker has continued pain and soreness in both knees. She uses Mobic with benefit. She ambulates with a cane. On examination there is tenderness to her medial joint lines. Range of motion is 0-135 degrees with crepitus. There is no laxity and straight leg raising is performed well. She is totally temporarily disabled. Treatment to date has included diagnostic studies, medications; status post left knee surgery x 2, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, home exercises, use off heat and ice as needed, Corticosteroid injection to the bilateral knees, and use of a cane. Current medications include Celebrex, CombiPatch, Norco, Lidoderm patches, Percocet, ProAir HFA, and Rybix ODT. On 10-08-2015 Utilization Review non-certified the request for a Magnetic Resonance Imaging of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee & Leg, MRIs.

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

Decision rationale: The ACOEM chapter 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. Therefore the request is not medically necessary.