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| Case Number: | CM15-0209398 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 08/29/2015 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old female who sustained a work-related injury on 8-29-15. Medical record documentation on 10-7-15 revealed the injured worker was being treated for arthritis of the left knee. She reported the pain had not changed since her previous evaluation. Associated symptoms included leg weakness, pain with motion and restricted motion. Objective findings included tenderness to palpation over the medial-lateral joint lines with no patellar subluxation or tenderness. She had a small joint effusion and used a cane for assistance with ambulation. The injured worker exhibited a normal range of motion of the knee and had normal strength of the intrinsic muscles of the knee. She had a positive McMurray test for meniscal tears and all other testing of the knee was negative. She had completed 3 of 6 physical therapy sessions and the recommendation for treatment included MRI of the left knee, continuation of Tramadol 50 mg and initiation of Ibuprofen 600 mg. A request for MRI of the left knee was received on 10-8-15. On 10-15-15, the Utilization Review physician determined MRI of the left knee was not medically necessary.

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: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The ODG knee and leg section list the following criteria for ordering an MRI of the knee: Indications for imaging - MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed: Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized 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. The clinical information submitted for review does not demonstrate that a period of conservative care has been exhausted to meet CA MTUS/ACOEM guideline criteria for the requested imaging. In addition, the x-ray report reveals moderate to severe arthritis, which may obviate the need for advanced imaging without the presence of mechanical symptoms. The request for knee MRI is therefore not medically necessary.