

Case Number:	CM15-0020196		
Date Assigned:	02/09/2015	Date of Injury:	10/24/2007
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 10/24/2007. She has reported subsequent right shoulder pain and was diagnosed with right shoulder rotator cuff injury. Treatment to date was not documented. In a progress note dated 12/09/2014, the injured worker complained of continued right shoulder and bilateral knee pain. Objective physical examination findings were notable for some loss of motion for external rotation and some loss of motion for active forward elevation, significant weakness in the supraspinatus, infraspinatus and rotator cuff of her right shoulder along with symptoms along the medial joint line. The physician noted that an MRI of the knees would be ordered but did not indicate the reason for ordering the MRI. A request for authorization of for MRI of the left knee was made. On 01/09/2015, Utilization Review non-certified a request for MRI of the left knee, noting that there was no documentation of mechanical symptoms suggesting meniscal tear and there is not documentation of the failure of conservative treatment. ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging).

Decision rationale: Based on the 12/09/14 progress report provided by treating physician, the patient presents with bilateral knee pain. The request is for MRI TO THE LEFT KNEE WITHOUT CONTRAST. Patient's diagnosis per Request for Authorization form dated 12/31/14 included left knee pain, right knee pain, and rotator cuff tear. Physical examination to the bilateral knees on 12/09/14 revealed "symptoms along the medial joint line. No significant swelling, no instability noted." Patient's work status is not available. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. ODG-TWC, Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging), states: "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 guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." Treater has not provided reason for the request. Physical examination findings pertaining to the left knee are unremarkable. Treater has not provided X-ray of the left knee, nor discussed red flags or issues of concern. There is no documentation or mention that patient has had surgery to the left knee. The request does not meet guideline indications. Therefore, the request for MRI of the left knee IS NOT medically necessary.