

Case Number:	CM15-0022741		
Date Assigned:	02/12/2015	Date of Injury:	05/01/2008
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported an injury on 05/01/2008. The mechanism of injury was not provided. The injured worker was status post right knee arthroscopic surgery, which did not help. The injured worker was status post bilateral rotator cuff surgery. The injured worker underwent 24 postoperative physical therapy sessions. The documentation of 12/22/2014 revealed the injured worker started experiencing increasing pain and discomfort with respect to his right knee since 2008. The injured worker had pain, swelling, and occasional episodes of sharp pain with respect to his right knee. The injured worker had right knee pain that was moderate to severe. The injured worker indicated that his right knee pain did not improve post surgically and it continued to be symptomatic. The medications included Motrin. The documentation indicated the injured worker had no treatment for his left knee. He was noted to be seen for the left knee. The physical examination of the bilateral knees revealed 3 to 4 patellofemoral crepitus. The injured worker had mild medial joint line tenderness, pain with hyperflexion, and a positive McMurray's examination. The injured worker had 2 view x-rays of the left knee and a flexion AP weight bearing of the bilateral knees which were reviewed and revealed moderate bilateral knee tricompartmental osteoarthritis. The injured worker was noted to have an MRI of the left knee in 2012 suggesting medial meniscus tear and tricompartmental osteoarthritis of the left knee. The diagnosis included left knee moderate tricompartmental osteoarthritis with potential degenerative medial and lateral meniscus tears. The treatment plan included a repeat MRI of the left knee, medications including Ultram ER 150 mg at bedtime as needed for pain and tramadol 150 mg ER #60 one at bedtime as needed. The physician

documented the injured worker should not use anti-inflammatories. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI ½ (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate repeat MRI is appropriate if it is needed to assess knee cartilage repair tissue. The clinical documentation submitted for review indicated the injured worker had a prior MRI. However, there was a lack of documentation of objective findings upon physical examination or a change in symptomatology to support the necessity for a repeat MRI. Given the above, the request for MRI of the left knee is not medically necessary.