

Case Number:	CM15-0024880		
Date Assigned:	03/30/2015	Date of Injury:	08/04/2014
Decision Date:	05/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 08/04/2014. Initial complaints reported included pain and injury to the left shin, bilateral knees and ankles, and low back. There were also other previous injuries noted which included: right eye injury (08/08/2008), injuries to the neck, left arm, head and back (12/05/2011), and injury to both testicles (06/2013). The initial diagnoses of the current (08/04/2014) injury were not mentioned. Treatment to date has included conservative care, medications, and MRIs of both knees. Per the progress report dated 12/17/2014, the injured worker complains of pain everywhere in his body, neck upper and lower back, head, hair, eyes, knees, testicles, ankles, left foot, shin, hands and arms, and depression. Current diagnoses include possible internal derangement of the left knee, history of eye problem, somatoform disorder, contusion with scab to the left distal shin, and possible umbilical hernia. The treatment plan consisted of MRI of the left knee, abdominal ultrasound, and referral for agreed medical examination in ophthalmology, qualified medical examination in psychiatry, and follow-up.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter.

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

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. 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. 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 a 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) No red-flag indications are present in the medical record. MRI of the left knee is not medically necessary.