MAXIMUS Federal Services

Case Number:	CM15-0027374		
Date Assigned:	02/19/2015	Date of Injury:	08/18/1981
Decision Date:	04/10/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/13/2015

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 64 year old male who sustained an industrial injury on 08/18/1981. Current diagnosis includes chondrocalcinosis of the menisci bilaterally. Previous treatments included medication management, home trx unit, and compression sleeve. Report dated 01/12/2015 noted that the injured worker presented with complaints that included bilateral knee pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/19/2015 non-certified a prescription for MRI of the left knee, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Knee and Leg Chapter, Subheading, MRI.

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 01/12/15 progress report, the patient complains of bilateral knee pain. The request is for 1 MRI OF LEFT KNEE. Patient's diagnoses includes chondrocalcinosis of the menisci bilaterally. Physical examination to the bilateral knees on 01/12/15 revealed limited range of motion with 0 degree extension and mild swelling. Patient is Permanent and Stationary with work restrictions. 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 a reason for request. Treater report dated 01/05/15 states "he is status post Hyalgan injections in the bilateral knees with 30% pain relief in the left knee and no improvement in the right knee. He continues to receive bilateral knees cortisone injections from [redacted] with 60% pain relief." There is no documentation or mention that the patient has had surgery to the left knee. The review of the reports do not show a recent MRI. Provided reports do not mention suspected internal derangement of the Left knee, a new injury, significant clinical progression to warrant an MRI. The request does not meet guideline indications. Therefore, the request for MRI of the left knee IS NOT medically necessary.