MAXIMUS Federal Services

Case Number:	CM15-0210428		
Date Assigned:	10/29/2015	Date of Injury:	02/27/2014
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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 63 year old male, who sustained an industrial injury on 2-27-2014. Diagnoses include left knee internal derangement, status post arthroscopy, and end-stage bi-compartmental osteoarthritis of the right knee. Treatments to date include activity modification, medication therapy, physical therapy, and therapeutic joint injections. On 8-10-15, he complained of increased right knee pain associated with numbness, tingling, and burning. The physical examination documented bilateral knee tenderness. X-rays of bilateral knees were obtained and revealed bi-compartmental end stage osteoarthritis of both knee with osteophyte formation. The plan of care included a MRI of the right knee and medication therapy. On 9-8-15, he complained of ongoing right knee pain. A right knee MRI dated 8-28-15, "confirms medial compartment end-stage arthritis degenerative changes" and medial femoral condyle with severe degenerative meniscal tears. The physical examination documented right knee tenderness, crepitus and pain with range of motion. The plan of care included medication therapy, holding off as long as possible on possible total knee arthroplasty of the right knee. The appeal requested authorization for a right knee MRI. The Utilization Review dated 9-25-15, denied 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 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates the patient is s/p knee arthroscopy with medial and lateral meniscectomy and chondroplasty of the patellofemoral joint. X-rays showed bi-compartmental end stage osteoarthritis of the knees with plan for MRI. An MRI of the right knee on 8/28/15 showed medial compartment end-stage arthritis degenerative changes and medial femoral condyle with severe degenerative meniscal tears. Follow up report of 9/8/15 noted treatment plan for medication therapy with delay of possible future knee arthroplasty with Maximal medical improvement rating report forthcoming. It is not clear if this is a request to repeat the MRI of the right knee as the patient had a recent August MRI done. Besides continuous intermittent pain complaints, exam is without progressive neurological deficits, report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. The MRI of the Right Knee is not medically necessary or appropriate.