MAXIMUS Federal Services

Case Number:	CM15-0212220		
Date Assigned:	11/02/2015	Date of Injury:	04/08/2010
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/28/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury on 4-8-10. A review of the medical records indicates that the worker is undergoing treatment for severe lumbar degenerative arthritis focused L5-S1, early degenerative arthritis bilateral knee worse on right, post arthroscopy painful neuromas left ankle, and super morbid obesity. Subjective complaints (9-23-15) include right knee pain rated at 8 out of 10, is unable to lay flat on a bed which is making sleep very difficult, and reports sleeping sitting up on couch to help discomfort. Objective findings (9-23-15) of the right knee include a significant limp favoring this knee, trace swelling with obvious varus deformity, moderate tenderness to palpation along the medial joint line with palpable osteophytes present, extension is 0 degrees, flexion is 120 degrees, stability exam is stable, McMurray's and Apley's are negative, and apprehension test is positive. The physician reports an x-ray of the right knee reveals "50% medial joint narrowing medial tibiofemoral articulation. The overall alignment of the knee is normal. The patellofemoral joint is normal. The patella is well tracking. The overall bone quality appears to be normal." Work status is noted as temporary total disability. Previous treatment includes arthroscopic right knee surgery (12-2010), medication, physical therapy, 3 Cortisone injections (2012-2013, with reported benefit from first 2). The discussion notes "she will require an MRI of the right knee regarding medial meniscus tear and possible patellofemoral arthritis." A request for authorization is dated 9-28-15. The requested treatment of an MRI without contrast 1.5 Tesla or greater, right knee was denied on 10-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast 1.5 Tesla or Greater 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: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was record of having had a right MRI earlier in the course of his treatment, however, the results were not provided for review. The worker was recently seen by the provider complaining of worsening right knee pain. Physical findings showed right knee trace swelling, moderate tenderness along medial joint line, and positive apprehension patellar testing, but all other provocative testing was normal. There was no report of any reinjury or history which would suggest a red flag diagnosis. Also, there was no record which seriously discussed weight loss efforts via healthy diet and regular exercises/activity, which is critical for reducing his knee pain. Physical therapy at the least should be attempted before any repeat MRI can be warranted in this case. Without more clear positive provocative testing and the details of the previous MRI to correlate, this request will not be considered medically necessary.