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| Case Number: | CM15-0214219 | | |
| Date Assigned: | 11/04/2015 | Date of Injury: | 01/05/2015 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

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, Hawaii

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 47 year old female, who sustained an industrial injury on 01-05-2015. A review of the medical records indicates that the worker is undergoing treatment for right knee injury and right knee medial compartment arthrosis. X-ray of the right knee on 04-21-2015 showed moderate medial compartment joint space narrowing and small osteophytes. Subjective complaints on 08-05-2015 included right knee pain that was unchanged. Objective findings showed medial sided and lateral sided right knee tenderness. Subjective complaints (09-02-2015 and 10-06-2015) included continued right knee pain. Objective findings on 09-02-2015 revealed tenderness anteromedially and in the area of the pes anserine bursa of the right knee, mild swelling, and mild lateral sided tenderness. Objective findings (10-06-2015) included tenderness to palpation of the medial joint line of the right knee as well as medial aspect, mild pain with forced flexion and pain with McMurray test. Treatment has included Ibuprofen and application of ice. Physical therapy was noted as having been requested however, the physician notes that the worker had not heard back yet regarding authorization. The physician noted that due to findings of osteoarthritis in the knee and prior history of partial knee replacement on contralateral side with positive McMurray test, the physician wanted to obtain MRI of the right knee. A utilization review dated 10-16-2015 non-certified a request for MRI (Magnetic Resonance Imaging) of the right knee, quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right knee, quantity: 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, MRI.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for MRI (Magnetic Resonance Imaging) of the right knee, quantity: 1. The treating physician report dated 10/06/15 (16B) states, "Due to length of time that this case has been open (January 2015), positive finding of osteoarthritis in the knee and a prior history of partial knee replacement on the contralateral side, and positive McMurray test, I would like to obtain an MRI of the right knee." A request was submitted to rule out medial meniscus tear. The MTUS guidelines do not address the current request. The ODG guidelines state the following: "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." The medical reports provided do not show that the patient has received a previous MRI of the right knee. The guidelines go on to state the following indication: "Non traumatic knee pain, adult non trauma, non tumor, non localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." In this case, the patient presents with evidence of internal derangement as corroborated by a radiographs performed on 04/21/15. The current request satisfies the ODG guidelines as the treating physician is requesting an MRI to rule out a medial meniscus tear of the right knee. The current request is medically necessary.