

Case Number:	CM15-0217591		
Date Assigned:	11/09/2015	Date of Injury:	07/21/2003
Decision Date:	12/21/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 36 year old male who sustained an industrial injury on 07-21-2003. According to an office visit report dated 10-06-2015, the injured worker was seen for left knee pain. He reported that his main problem was climbing or getting down into holes where he had to do some of his job. His main complaint was pain and not instability. The knee would swell and become slightly warm with excessive activity. The area of pain was over the lateral aspect of the joint and was associated with some popping with use. The last MRI scan was performed in December 2013 and revealed what appeared to be satisfactorily positioned and intact anterior cruciate ligament graft. There was also post-surgical change of the medial meniscus without recurrent tear and signs of the small removal of the mid portion of the lateral meniscus that was also a postsurgical change. There was some early degenerative change but nothing that appeared to be severe. The last x-ray done in April of this year showed mild degenerative changes and a tricompartmental pattern though no severe degenerative changes. The retained transfix pin appeared to be in good position without loosening and the tunnels from the previous reconstruction remained in good position and alignment. A cortisone injection done at the last visit helped but only lasted a day or 2. Objective findings included a small effusion. Range of motion was done well from 0 to about 100 degrees. The knee seemed stable to stress including Lachman's testing and anterior drawer testing as well as varus and valgus stress testing in extension and in flexion. On Lachman's testing of the left knee, there was a persistent pop in the lateral aspect of the joint that suggested either a mild finding of instability or continuing problem with the lateral meniscus. Muscle bulk and power was good and there was no atrophy. Patella

tracking was normal and there was a negative patellofemoral grind test. The treatment plan included an MRI. On 10-09-2015, Utilization Review non-certified the request for MRI without contrast for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the left 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 remote left knee arthroscopy for ACL repair for this chronic 2003 injury. Recent MRI in December 2013 showed satisfactorily positioned and intact ACL graft and post surgical changes in the medial and lateral meniscus without recurrent tear. Recent x-rays showed mild degenerate changes with retained transfix pin in good position. The patient continues to treat for chronic residual symptoms. The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for the repeat MRI. 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. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The MRI without contrast for the left knee is not medically necessary and appropriate.