

Case Number:	CM15-0031841		
Date Assigned:	02/25/2015	Date of Injury:	07/15/2013
Decision Date:	04/07/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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:

This 57 year old male sustained a work related injury on 07/15/2013. On 10/08/2014, the injured worker underwent right knee arthroscopic partial medial meniscectomy and right knee arthroscopy synovectomy anteriorly and lateral parts of the circulation. According to a progress report dated 12/12/2014, the injured worker was recovering from the surgery slower than anticipated. Physical examination of the right knee revealed no deformity and erythema, moderate tenderness at the lateral joint line, slightly decreased range of motion and normal strength in the quadriceps. Diagnoses included medial knee meniscus tear, chondromalacia of patella and lateral knee meniscus tear. The provider noted that the injured worker was doing much worse than normally expected and had pain associated with the lateral compartment in the area of the lateral meniscus. That was the best looking part of his knee at the time of surgery. A new MRI of the knee was ordered to evaluate for a new lateral meniscus tear and was completed on 1/7/15, showing almost identical findings as previous imaging. The worker continued to report gradual worsening right knee symptoms and popping, and the provider requested another right knee MRI on 2/7/15. On 02/18/2015, Utilization Review non-certified right knee MRI. According to the Utilization Review physician, there was no indication to repeat the right knee MRI since it had only been a month since the last study and there was no rationale why a repeat study was needed. CA MTUS ACOEM Practice Guidelines, Knee and Leg were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

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, who had reported popping and gradual worsening of the right knee following meniscectomy, MRI of the right knee was completed approximately one month prior to this request for another repeat MRI of the right knee. Although it was reasonable to consider the MRI completed on 1/7/15, however, repeating the MRI without a clear history of re-injury and big change in symptoms since this imaging, repeat MRI so close to the prior is not reasonable or medically necessary, based on the documentation provided.