MAXIMUS Federal Services

Case Number:	CM15-0033163		
Date Assigned:	02/26/2015	Date of Injury:	04/24/2013
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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 female, who sustained an industrial injury reported on 4/27/2013. She reported ongoing pain and stiffness to both knees. The diagnoses were noted to include lumbar spine sprain/strain; and bilateral knee sprain/strain; right knee tendinitis; and tri-compartmental chondromalacia chondral attrition of fissuring, accelerated for age, with possible synovitis/edema or residue from contusion. Treatments to date have included consultations; diagnostic imaging studies, magnetic resonance imaging of the right knee (12/5/13); physical therapy; ankle braces; work restrictions; a qualified orthopedic medical evaluation (11/21/14); and medication management. The work status classification for this injured worker (IW) was not noted to be returned to work with restrictions. The 11/21/2014 orthopedic medical evaluation noted no further, or future, orthopedic care was needed for the right or left knee, or the right ankle; aside from heat, ice and non-prescriptive anti-inflammatory or analgesic medications. On 2/17/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 2/5/2015, for a magnetic resonance imaging study of the left knee. The American College of Occupational and Environmental Medicine Guidelines and Medical Treatment Utilization Schedule Guidelines, knee complaints, imaging, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Magnetic resonance imaging.

Decision rationale: The patient presents with worsening unrated bilateral knee pain. The patient's date of injury is 04/24/13. Patient has no documented surgical history directed at this complaint. The request is for MRI LEFT KNEE. The RFA was not provided. Physical examination dated 01/07/15 reveals tenderness to palpation of the bilateral knees and right ankle. Treater appears to also document palpable spasms of the lumbar spine, though the hand written progress note is largely illegible. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though this patient has undergone an MRI of the RIGHT knee on 12/05/13. Per 01/07/15 progress note patient is advised to remain off work for an unspecified period of time. ODG Guidelines, Knee and Leg chapter, Magnetic resonance imaging states: "Indications for imaging; MRI: Acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic. If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic. Non-traumatic knee pain, adult non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." In regards to the request for MRI imaging to be performed on the knee, the request appears reasonable. There is no evidence this patient has had an MRI of the left knee to date, and the patient presents with consistent and worsening pain to the affected joint. Given positive examination findings of palpable tenderness to the left knee capsule, and a lack of previous imaging of the extremity, an MRI could provide a clearer picture of this patient's underlying pathology. The request IS medically necessary.