

Case Number:	CM15-0035594		
Date Assigned:	03/04/2015	Date of Injury:	10/12/2011
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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 42 year old male with an industrial injury dated October 12, 2011. The injured worker diagnoses include sprain/strain of right knee, chondromalacia and localized primary osteoarthritis of the lower leg. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 2/9/2015, the injured worker reported continuous pain and swelling of the right knee. The injured worker also reported inability to bend right knee and difficulty with weight bearing activities on the right knee. Right knee exam revealed normal tendon reflexes and normal coordination, normal sensation and no known fractures or deformities. There was tenderness to palpitation over the lateral aspect, medial aspect and the patellofemoral joint of the right knee. The treating physician also noted localized swelling, effusion, crepitus and muscle atrophy of the right knee. Left knee was noted to have normal sensation and normal reflexes. The treating physician prescribed services for Magnetic resonance (MR) Arthrogram of the left knee and MRI of the right knee between 2/11/2015 and 3/29/2015. Utilization Review determination on February 13, 2015 denied the request for MR Arthrogram of the left knee and MRI of the right knee, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, MRI.

Decision rationale: The patient was injured on 10/12/11 and presents with right and left knee pain. The request is for a MRI OF THE RIGHT KNEE. The RFA is dated 02/11/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient has had a prior MRI of the right knee. ACOEM Guidelines page 341 and 342 on MRI of the knees state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate her fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "repeat MRIs: Postsurgical if need to assess knee cartilage repair tissue". Routine use of MRI for follow up of asymptomatic patients following the arthroplasty is not recommended". ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. The patient is diagnosed with sprain/strain of right knee, chondromalacia, and localized primary osteoarthritis of the lower leg. She has continuous pain/swelling of the right knee, an inability to bend the right knee, difficulty with weight bearing activities on the right knee, as well as tenderness to palpitation over the lateral aspect, medial aspect and the patellofemoral joint of the right knee. The treating physician also noted localized swelling, effusion, crepitus and muscle atrophy of the right knee. ACOEM Guidelines state that "special studies are not needed to evaluate post-knee complaints until after a period of conservative care and observation". Since the injury is from 2011, it would appear that the patient has failed conservative care. Given the patient's chronic knee pain, the requested MRI of the right knee IS medically necessary.

1 MR Arthrogram of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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, MR Arthrogram.

Decision rationale: The patient was injured on 10/12/11 and presents with right and left knee pain. The request is for a MR ARTHROGRAM OF LEFT KNEE. The RFA is dated 02/11/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient has had a prior MR arthrogram of the left knee. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee Chapter on MR

Arthrogram states, "Recommended as a post-operative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%". The patient had a prior MRI of the left knee dated 04/2012 which revealed mild medial patellofemoral chondromalacia, mild increased signal within the suprapatellar fat pad which was noted to possibly be related to mild focal synovitis. The patient's left knee reported to giving out. She has muscle atrophy of the right vastus medialis oblique, mild antalgic limp gait, and a limited range of motion. The reason for the request is not provided. There is no documentation of any recent surgery the patient may have had and she has already had a prior MRI of the left knee in 2012. Therefore, the requested MR arthrogram of the left knee IS NOT medically necessary.