

Case Number:	CM15-0039118		
Date Assigned:	03/09/2015	Date of Injury:	08/07/2012
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Internal Medicine

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 48-year-old male, who sustained an industrial injury on 8/7/2012. The current diagnoses are left knee bone marrow edema, tears of the medial meniscus, and status post arthroscopy of the left knee (1/31/2013). Treatment to date has included surgery. According to the progress report dated 11/10/2014, the injured worker complains of pain in the left knee that varies in intensity. The current plan of care includes MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee (1.5 Telsa Scanner or greater): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-336, 341, 343-345, 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM)

2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. Operative report dated 1/31/13 documented the performance of diagnostic and operative arthroscopy, partial medial meniscectomy, extensive synovectomy and chondroplasty with removal of chondral loose bodies of the left knee. MRI magnetic resonance imaging of the left knee dated 06-05-2014 demonstrated small tears medial meniscus left knee, mild patellar tendinosis with normal patellar alignment, focal chondral thinning with mild marginal osteophyte formation, no recent fracture. The primary treating physician's progress report dated 11/10/14 did not document a physical examination. The 11/10/14 progress report was the most recent progress report present in the submitted medical records. A prescription for repeat MRI of the left knee was dated 1/19/15. No rationale for a repeat MRI was presented in the submitted medical records. The medical records do not establish the need for a repeat MRI of the left knee. Therefore, the request for MRI of the left knee is not medically necessary.