MAXIMUS Federal Services

Case Number:	CM15-0043882		
Date Assigned:	03/13/2015	Date of Injury:	06/10/2010
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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 61-year-old male with an industrial injury dated June 10, 2010. The injured worker diagnoses include left foot cuboid arthritis, left foot tenosynovitis and status post left foot open peroneal brevis tendon repair on 9/10/2012. Treatment to date has included diagnostic studies, consultations and periodic follow up visits. According to the progress note dated 2/13/2015, his treating physician noted locked foot, lack of range of motion, soreness and stiffness. The treating physician also noted increase pain and swelling in knee and low back pain aggravated. Crepitus and stiffness was also noted. The treatment plan included 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 of the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines chapter knee and leg (acute and chronic) and topic magnetic resonance imaging.

Decision rationale: The patient presents with increased pain and swelling in knee and aggravated low back pain. The request is for MRI OF THE LEFT KNEE. The RFA provided is dated 02/17/15. Patient's diagnosis included left foot cuboid arthritis and tenosynovitis. Patient is status post left foot open peroneal brevis tendon repair on 09/10/2012. Patient is temporarily partially disabled. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG Guidelines chapter knee, leg (acute and chronic), and topic magnetic resonance imaging, Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The rationale for the request is not provided. Patient is status post left foot open peroneal brevis tendon repair on 09/10/2012. Physical examination noted locked foot, lack of range of motion, soreness and stiffness. Review of the reports does not mention a prior MRI for the left knee. Given the patient's exacerbated left knee pain and clinical findings, an MRI does appear consistent with ODG guidelines. The request IS medically necessary.