

Case Number:	CM15-0052689		
Date Assigned:	03/26/2015	Date of Injury:	10/26/2011
Decision Date:	05/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

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 48 year old male, who sustained an industrial injury on 10/26/2011. He reported falling and hitting his left knee. Diagnoses have included tear of medial meniscus of the right knee and chondromalacia patella of the bilateral knees. Treatment to date has included physical therapy, left knee injections, left knee surgery and medication. According to the progress report dated 1/7/2015, the injured worker complained of constant, severe right knee pain described as dull. He also complained of frequent severe, left knee pain. Physical exam of the knees revealed spasm and tenderness to the bilateral anterior joint lines, vastus medialis and popliteal fossa. It was noted that the injured worker showed positive McMurray's test and had complaints of his knee locking. Authorization was requested for 3D magnetic resonance imaging (MRI) of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D Magnetic Resonance Imaging (MRI)-right knee: Upheld

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 & Leg (Acute & Chronic Chapter), Three-dimensional MRI (3D).

Decision rationale: The patient was injured on 10/26/11 and presents with constant severe right knee pain and frequent severe left knee pain. The request is for a 3D magnetic resonance imaging (mri) of the right knee. The utilization review denial rationale is that "there is no documentation of red flags and/or failed conservative therapy." There is no RFA provided and the patient "was released to work with the following work restrictions until 03/07/15. No kneeling or squatting. No climbing stairs or ladders." Review of the reports provided does not indicate if the patient had a prior MRI of the right knee. ODG Guidelines Knee & Leg (Acute & Chronic Chapter) under the "Three-dimensional MRI (3D)" section states that 3D MRI's are "Not recommended as a separate procedure. Surgeons in clinical practice need not order a lengthy dedicated 3D MRI, but can confidently use a standard 2D MRI. Three-dimensional (3D) rendering of imaging studies uses multiple thin sections of images and reconstructs them into 3 dimensional images which can extract and display anomalies and/or structures to optimize visualization of the pathology. This type of reconstruction may be applied to computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), other tomographic studies, or ultrasound (U/S) studies. (Swami, 2014) See also Three-dimensional CT (3D)." The patient has spasm and tenderness to the bilateral anterior joint lines, vastus medialis and popliteal fossa as well as a positive McMurray's test, and knee locking. The patient is diagnosed with tear of medial meniscus of the right knee and chondromalacia patella of the bilateral knees. In this case, ODG Guidelines do not support 3D MRI's for the knees. Due to lack of support from ODG Guidelines, the requested 3D MRI of the right knee IS NOT medically necessary.