

Case Number:	CM15-0057908		
Date Assigned:	04/02/2015	Date of Injury:	04/09/2010
Decision Date:	05/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/26/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66-year-old male, who sustained an industrial injury on 4/09/2010. The injured worker was diagnosed as having bilateral knee medial compartment osteoarthritis. Treatment to date has included standing x-rays of the bilateral knees on 2/26/2015, viscosupplementation (unspecified), corticosteroid injections (unspecified), and medications. Currently, the injured worker complains of sharp aching pain in both knees, accompanied by buckling, locking, and weakness causing balance problems. Co-morbidities included diabetes, hypercholesterolemia, left knee arthroscopy in 1997, and right knee arthroscopy in 2007. Current medications for pain included Hydrocodone and Ibuprofen. Physical exam noted patellar crepitus bilaterally, medial joint line tenderness bilaterally, and intact motor and sensory exams. The treatment plan included magnetic resonance imaging of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging).

Decision rationale: ACOEM notes special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation and reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes indicate that the patient is undergoing home therapy, but also additionally notes that the home therapy exercises are not being conducted. ODG further details indications for MRI: Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial antero-posterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial antero-posterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult non-trauma, non-tumor, non-localized pain. Initial antero-posterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). 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. (Weissman, 2011) There is no documentation of any of the red flag indications cited in the references which would justify an MRI. Thus the request is not medically necessary.