

Case Number:	CM15-0089185		
Date Assigned:	05/13/2015	Date of Injury:	07/03/2006
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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 56 year old male, who sustained an industrial injury on 7/03/2006. The mechanism of injury was not described. The injured worker was diagnosed as having degenerative disc disease and a disc bulge of the lumbar spine at L5-S1, plus facet spondylosis at L4-5 and L5-S1, with bilateral lower extremity radiculitis, right knee medial meniscus tear, plus a lateral meniscus tear, with arthritis and probable synovitis, left knee arthritis and probable synovitis, and chronic pain syndrome associated with hypertension. Treatment to date has included diagnostics, a lumbar brace, and medications. Currently (4/13/2015), the injured worker complains of constant low back pain, with radiation down both legs, right greater than left. He also reported constant right hip and bilateral knee pain. Magnetic resonance imaging reports were referenced. Right knee magnetic resonance imaging (3/02/2015) was documented as showing degenerative arthritis, primarily in the medial compartment, complex tear of the medial meniscus, horizontal tear of the superior surface of the anterior horn of the lateral meniscus, mucoid degeneration of the anterior cruciate ligament, patellar chondromalacia, and a chronic strain of the medial collateral ligament. Exam of the right knee noted minimal patella- femoral crepitus, mildly positive compression test, mildly positive patellar facet tenderness, mildly positive apprehension test for pain, and moderate plus medial joint line tenderness. Surgical intervention to the right knee was discussed. The requested treatment included magnetic resonance imaging of the right knee, since at least 9/2014.

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, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee - Magnetic Resonance Imaging (MRI).

Decision rationale: MTUS Guidelines do not address the issue of repeat MRI scanning of the knee. ODG Guidelines do, however this request appears to be an error in the EMS system and was requested due to it not being cancelled in the EMS system. The requesting physician clearly documents that a knee MRI's were authorized and completed on 2/19/15. This physician has interpreted the MRI study and has recently requested surgical intervention. There is no discussion of the need to repeat the right knee MRI and a repeat MRI is not supported by Guidelines unless surgery has been completed and there is delayed healing with the need to evaluate tissue repair status. This circumstance is not applicable. The request for the MRI (repeat) of the right knee as an outpatient is not supported by Guidelines and is not medically necessary.