

Case Number:	CM15-0230490		
Date Assigned:	12/04/2015	Date of Injury:	01/17/2001
Decision Date:	01/13/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/23/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 17, 2001. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve requests for x-rays imaging of the left knee and MRI imaging of the right knee. The claims administrator referenced an October 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 20, 2015, the applicant reported ongoing issues with right knee pain one year removed from total knee arthroplasty. X-rays of the right knee demonstrated stable alignment and fixation of the total knee arthroplasty without signs of loosening and maltracking. The applicant was placed off of work, on total temporary disability. The treating provider stated that the applicant had recently fallen and twisted her left knee. There was, however, no seeming mention of the need for left knee MRI imaging. The remainder of the file was surveyed. The most recent note on file was in fact the October 20, 2015 office visit cited. It did not appear that the October 19, 2015 office visit or the November 9, 2015 RFA form which the claims administrator based its decision upon was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for x-rays of the left knee was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACEOM Chapter 13, Table 13-6, page 347, the routine usage of radiographic film for most knee injuries or complaints is deemed "not recommended." Here, the October 19, 2015 office visit and November 9, 2015 RFA form on which the article in question was proposed were not incorporated into the IMR packet. An October 20, 2015 office visit made no mention of the need for plain film imaging of the left knee. It was not clearly stated, in short, what was suspected. It was not clearly stated what was sought. Therefore, the request was not medically necessary.

MRI of the Right Knee without Dye: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation American College of Radiology ACR Appropriateness Criteria® - Imaging After Total Knee Arthroplasty They noted that in selected cases, MRI may be helpful in detecting extracapsular spread of infection and abscess formation.

Decision rationale: Similarly, the request for MRI imaging of the right knee was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 341, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Here, an October 20, 2015 office visit stated that the applicant was one year removed from a total knee arthroplasty. X-rays of the right knee taken on that date suggested that the prosthesis was appropriately aligned and appropriately fixated without evidence of loosening or maltracking. It was not clearly stated, in short, why MRI imaging of the previously operated-upon right knee was sought in the face of the applicant's reportedly having stable indwelling prosthesis as of plain film imaging of the knee dated October 20, 2015. While the American College of Radiology (ACR) notes in a position statement entitled Imaging After Total Knee Arthroplasty that MRI imaging may be helpful in select cases in detecting extracapsular spread of infection and abscess formation, here, however, there was no mention of the applicant's having a suspected knee abscess or extracapsular infection present on October 20, 2015. The October 19, 2015 progress note and November 9, 2015 RFA form on which the article in question was sought was not seemingly incorporated into the IMR packet. The information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.