

Case Number:	CM15-0231834		
Date Assigned:	12/07/2015	Date of Injury:	02/28/2012
Decision Date:	01/12/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/25/2015

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 40 year old male who sustained an industrial injury on 2-28-12. A review of the medical records indicates that the worker is undergoing treatment for chronic right knee pain with grade I and grade II chondromalacia of the patella (on the MRI done 3-13-12), chronic right ankle sprain with evidence of mild sinus tarsi syndrome, chronic right shoulder sprain, ulcer disease, and history of elevated liver function tests. Subjective complaints (9-1-15) include continued right knee pain, right heel pain, and right shoulder pain. Objective findings (9-1-15) include tenderness medially in the right knee, there is no swelling and McMurray's and Lachman tests are negative. He is currently working with restrictions. Previous treatment noted includes medication and a knee brace. The requested treatment of an MRI of the right knee was non-certified on 11-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter.

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

Decision rationale: Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. 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. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. In this case, there is no available documentation of plain radiographs prior to this request for MRI. The physical exam findings do not support internal derangement of the knee that would require further evaluation by MRI. The request for MRI right knee is not medically necessary.