MAXIMUS Federal Services

Case Number:	CM14-0123035		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2007
Decision Date:	09/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 57-year-old individual was reportedly injured on October 1, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 14, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated no medial or lateral joint line tenderness. The range of motion was not restricted. There was no documentation of a subjective complaint of mechanical symptoms. Diagnostic studies or operative findings from the prior knee procedures on the affected side were not disclosed. The medical record did indicate prior surgical procedures have been provided on the same extremity, and that there was a history of a meniscus injury in 2012 and 2007. Previous treatment of this exacerbation of symptoms includes physical therapy, a knee support, anti-inflammatory medication, and activity modification. A request had been made for an MRI of the left knee without contrast and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast for Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

Decision rationale: The California MTUS guidelines do not address the requested study. Therefore, the ACOEM guidelines are used. While ACOEM guidelines do support an initial MRI evaluation for select patients with subacute or chronic knee symptoms that are mechanical in nature, there is no discussion of a repeat MR imaging; however, the ODG guidelines support repeat MRIs in the postsurgical environment if there is a need to assess for cartilage repair tissue. It should be noted that the record indicates that the patient has had multiple procedures to the affected knee. There is no discussion of the procedures performed or the intraoperative findings at the time of the most recent arthroscopy. In select clinical settings, the treatment of choice for a knee with a suspected residual or recurrent tear of the meniscus is where meniscus repair was performed, or where meniscal resection of more than 25% was performed, or would be MR Arthrography. In this setting, the claimant is undergoing physical therapy. There is no indication at this time that the claimant has been discharged from physical therapy. In the absence of mechanical symptoms, and ongoing therapy, it would seem reasonable to continue with conservative treatment until it was determined that the claimant is not responsive to conservative treatment. Additionally, given the surgical history to the same extremity, the prior findings, dates of procedures, and procedure details would be pertinent in determining whether an MRI of the left knee is indicated at this time (as opposed to MR Arthrography). In the absence of such documentation, at this juncture, this request would not be considered medically necessary.