

Case Number:	CM14-0148088		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2006
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 48-year-old female with date of injury of 11/01/2006. The listed diagnoses per [REDACTED] from 07/14/2014 are: 1. Sprain/strain, low back, secondary to history of fall 2. Degenerative disc disease, lumbar spine, with this protrusion at L4 - five and L5 - S1 and left L5 nerve root compression, with paresthesia 3. Contusion, right elbow, due to fall from 03/30/2013 4. Meniscal tear, right knee; status post arthroscopic medial meniscectomy with synovectomy from 04/23/2007 with residual pain 5. Meurrent medial meniscal tear with lateral meniscal tear, right knee; status post arthroscopic surgery from 05/03/2012 6. Degenerative joint disease with chondromalacia, right knee 7. Anterior cruciate ligament tear, right knee 8. Distal ilio - tibial band tendinitis, right knee 9. Contusion/sprain, left knee with underlying degenerative joint disease with chondromalacia 10. Anterior cruciate ligament partial tear and lateral meniscus tear, left knee 11. status post arthroscopic surgery, left knee from 02/06/2014 12. contusion/sprain, left ankle, secondary to history of fall 13. anxiety/depression 14. insomnia 15. hypertension 16. H pylori infection According to this report the patient complains of lower back pain radiating to the left lower extremity. The patient also complains of left knee pain radiating to the foot with associated swelling. She also complains of left foot pain with numbness and tingling. The examination shows there is tenderness to palpation over the spinuous process at L4, L5 and S1 levels. There is spasm and pain with range of motion in all planes of the lumbar spine. Straight leg raise is accomplished at 60 bilaterally with low back pain and bilateral knee pain including left lower extremity pain and numbness. Inspection of the left knee reveals a well healed arthroscopic portal with swelling noted. There is tenderness upon palpation over the medial aspect of the knee. Palpation also reveal patella tracking and retro patellar crepitus.

Range of motion reveals flexion of 90 and extension of 0 . The utilization review denied the request on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat magnetic resonance imaging (MRI) of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg, MRI's (magnetic resonance imaging), Indication for Imaging - MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding knee MRI

Decision rationale: This patient presents with low back pain radiating to the left lower extremity. The treater is requesting a repeat magnetic resonance imaging (MRI) of the left knee. The American College of Occupational and Environmental Medicine (ACOEM) guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, Official Disability Guidelines (ODG) states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue... Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The records show 2 MRIs from 12/08/2012 and 08/06/2014. The 12/08/2012 MRI showed chronic tear involving body in both horns of the lateral meniscus, degenerative arthritis in the form of osteophytes, reduced joint space and chondromalacia. There is also a Grade II degeneration involving body and both horns of the medial meniscus. The MRI from 08/06/2014 appears to have been obtained without prior approval. The 04/14/2014 reports shows tenderness to palpation over the medial aspect of the knee. Palpation also reveal patella tracking and retro patellar crepitus. Apley's test is positive. In this case, the patient had an MRI form 2012 and without a new injury, significant clinical change in the patient's condition such as new symptoms or neurologic deterioration, or post-operative issues repeat MRI would not be indicated. Treatment is not medically necessary and appropriate.