

Case Number:	CM14-0160318		
Date Assigned:	10/03/2014	Date of Injury:	12/06/2003
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation 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 injured worker is a 37-year-old male who reported an injury on 12/06/2003. The injury was reported to have occurred when a post hit the injured worker in the knee. The diagnoses included low back pain with radicular symptoms to the right lower extremity, status post right knee surgery, times 3, with residual pain, and left knee strain. The surgical history included a right knee arthroscopy with subtotal medial meniscectomy on 02/04/2004, a right knee arthroscopy with partial medial meniscectomy and chondroplasty on 05/21/2004, and a diagnostic right knee arthroscopy with patellar release, medial meniscectomy and chondroplasty on 04/29/2005. MRI of the right knee was performed on 01/14/2004, 04/22/2004, 10/31/2005, and most recently on 10/29/2008, which suggested a nondisplaced, longitudinal, horizontal tear of the medial meniscus, and noted minimal chondral edema with intact stabilizing ligaments. The past treatments include medication, activity restriction, and surgery. The progress note, dated 06/17/2014, noted the injured worker complained of constant pain to his right knee with some weakness, pain was rated 6/10. The injured worker also reported light to moderate anxiety, depression, hallucinations, and moderate to severe sleep problems. The physical exam revealed crepitus with flexion and extension of the right knee, parapatellar tenderness to the right knee, and slightly limited extension and flexion of the right knee. Patellar reflexes were noted as 1+ bilaterally, motor strength of 5/5 to the bilateral lower extremities, and decreased sensation to light touch over the right L4, L5, and S1 dermatomes. Medications included morphine, gabapentin, diclofenac, omeprazole, and fluoxetine. The treatment plan requested a urine drug screening and recommended a taper of the opioid medications. The rationale was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI of the right knee is not medically necessary. The injured worker had pain to his right knee, rated 6/10, status post right knee surgery times 3. The California MTUS/ACOEM Guidelines recommend an MRI for the emergence of a red flag, the physiologic evidence of tissue insult or neurovascular dysfunction (e.g. weakness, edema), failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure, or to further evaluate the possibility of potentially serious pathology, such as a tumor. The Official Disability Guidelines further states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no evidence of a red flag, or significant change in the injured worker's condition. The injured worker did not have significant weakness or evidence of tissue insult or neurologic dysfunction on the physical exam. There is no documentation of failure to progress in a strengthening program, and there is no indication of planned surgical intervention. The rationale for the MRI is not provided. Due to the lack of documentation of a change in the injured worker's condition, a repeat MRI is not indicated at this time. Therefore, the request is not medically necessary.