MAXIMUS Federal Services

Case Number:	CM14-0172206		
Date Assigned:	10/23/2014	Date of Injury:	01/23/2006
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency Medicine 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 58-year-old female who reported a work related injury on 01/23/2006 due to slipping on a sandy, wet terrain while carrying heavy objects. Her diagnosis consists of bilateral knee pain. Her past treatments were noted to include medications, surgical intervention, injections and physical therapy. Her diagnostic studies were noted to include a cervical spine MRI. Her surgical history was noted to include a right knee arthroscopic lateral meniscectomy, debridement, and chondroplasty on 02/03/2010. On the clinical note dated 09/08/2104, the injured worker returned with chief complaints of bilateral knee pain, which was persistent physical examination revealed the injured worker was tender to palpation of the bilateral knees. Motor strength was 5+, quadriceps, and hamstrings. The injured worker also had tenderness to palpation at the medial nail bed with some mild redness, no pus evident and no drainage evident. It was noted that the injured worker had long standing bilateral knee pain for which she is likely a candidate for knee sculpt versus knee replacement. The treatment plan consisted of bilateral MRI imaging, podiatry referral, follow up in 6 weeks and remains off work. The rationale for the request was not provided for review. A Request for Authorization form was submitted for review on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Right Knee, Without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for an MRI for the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not need to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once red flag issues are ruled out. 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. In regards to the injured worker, it is noted that the exam revealed tenderness to palpation of the bilateral knees. Motor strength was 5+, quadriceps, and hamstrings. Due to the lack of evidence of joint laxity or positive ligament or cartilage testing results, the request for an MRI for the right knee is not supported. Therefore, the request for an MRI of the right knee is not medically necessary.