

Case Number:	CM14-0180014		
Date Assigned:	11/04/2014	Date of Injury:	03/24/2011
Decision Date:	12/09/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	10/29/2014

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 and Rehabilitation, has a subspecialty in Pain 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 had an original date of injury of March 24, 2011. She has a history of left knee arthroscopic synovectomy, partial meniscectomy, chondroplasty, and removal of loose body on November 29, 2011. The disputed issue is a request for a left knee MRI. The patient has had previous MRI on August 21, 2013 which demonstrated a tear of the medial meniscus. The patient has also had weight-bearing plain films that were ordered on October 13, 2014. The patient has had conservative treatment with physical therapy, non-steroidal anti-inflammatory drugs, and hinged knee brace. A utilization reviewer had non-certified the request for knee MRI as the "history and documentation do not objectively support the request for repeat MRI for the left knee in the absence of clear evidence of new or progressive focal deficits and/or failure of a reasonable course of conservative treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Dissability Guidelines, Knee Repeat MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1, 13-3; 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI Topic

Decision rationale: Regarding the request for MRI of the knee, ACOEM Practice Guidelines state 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. Official Disability Guidelines, Indications for imaging -- MRI (magnetic resonance imaging): "Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening)." Within the medical information made available for review, there is documentation of chronic knee pain and prior MRI performed on 8/2013 which demonstrated medial meniscus tear. The patient has had conservative treatment with physical therapy, non-steroidal anti-inflammatory drugs, steroid injection, and hinged knee brace. However, there is no documentation that recent radiographs are non-diagnostic, as they have been ordered but the result is not back yet. Furthermore, there is notation in a note from 10/2014 that the patient had surgery since the 8/2013 MRI of the left knee, but I did not see a surgical report in this time period in the submitted documentation. In the absence of such documentation, the currently requested MRI is not medically necessary.