

Case Number:	CM14-0185425		
Date Assigned:	11/13/2014	Date of Injury:	07/09/2012
Decision Date:	12/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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 New York. 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 52-year-old female who was injured on July 9, 2012. The patient continued to experience pain in her low back and right knee. Physical examination was notable for tenderness over the right paraspinal muscles, sciatic notch tenderness, positive facet loading maneuver, positive straight leg raise test, decreased motor strength of the left hip flexion, left knee extension, right knee extension, right ankle dorsiflexion, right hip flexion, and right ankle plantarflexion. Diagnoses included displacement of lumbar disc without myelopathy, lumbosacral spondylosis without myelopathy, and lumbago. Treatment included physical therapy, surgery, trigger point injections, and medications. Request for authorization for MRI of the right knee was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg, MRI's (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 13: Knee complaints, page(s) 334-335; Knee, MRI's (magnetic resonance imaging)

Decision rationale: Per MTUS MRI of the knee is indicated only for meniscus tear if surgery is being considered, ligament tears of the knee for confirmation, or patellar tendinitis if surgery is being considered. Per ODG indications for MRI of the knee are as follows: - Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial Anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial Anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected.- Nontraumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial Anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.- Nontraumatic knee pain, adult non-trauma, non-tumor, non-localized pain. Initial Anteroposterior and lateral radiographs demonstrate evidence of internal derangement - 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. In this case there is no documentation of acute knee injury or indication that surgery is being considered. There is no documented diagnosis related to a knee condition. Medical necessity has not been established. The request of MRI right knee is not medically necessary.