

Case Number:	CM14-0177993		
Date Assigned:	10/31/2014	Date of Injury:	04/15/2014
Decision Date:	11/19/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 04-15-2014. According to a progress report dated 09-15-2014, the injured worker had been experiencing an increase in pain in both knees, right greater than left, in the last several months. She did not recall any specific trauma to her knees. Despite the increase in pain, she did not have to miss any time from her job. She continued to take over the counter non-steroidal anti-inflammatory drugs with marginal relief. The right knee in particular would pop and grind through the patellofemoral compartment. She noted occasional mild swelling but had not had any locking or giving away sensation. Examination of the knees revealed mild to moderate patellofemoral crepitation in the right knee, minimal on the left. A large effusion was not detected. Ligamentous examination continued to be negative for instability. Range of motion was 0-135 degrees. Joint lines were minimally tender. No popliteal tenderness or fullness was noted. No distal edema or neurovascular abnormalities were appreciated. X-rays continued to reveal significant patellofemoral arthritis in the right knee with minimal joint space narrowing noted. There were no loose bodies or other abnormalities noted. Impression included osteoarthritis bilateral knee right greater than left. The treatment plan included another round of joint lubricant injections. An authorization request dated 10-03-2014 was submitted for review. The requested services included MRI of the right knee without contrast. On 10-09-2014, Utilization Review non-certified the request for MRI (magnetic resonance imaging) of the right knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: This patient complains of chronic right anterior knee pain. On recent physical examination, only mild-moderate patellofemoral crepitation is found. There is no evidence of instability or effusion. X-rays of the right knee demonstrate significant patellofemoral arthritis and joint space narrowing. The patient's symptoms are entirely consistent with arthritis. The request is for an MRI of the right knee. The documentation presented for review does not suggest that the patient is a surgical candidate, so an MRI is not necessary to define anatomy. There is no suspicion of ligamentous or meniscal injury warranting an MRI. There is also a lack of documentation of trial and failure of maximal conservative therapy for the patient's arthritis. MRIs are not warranted in routine cases of arthritis. Therefore, the request is not medically necessary or appropriate.