

Case Number:	CM14-0211689		
Date Assigned:	12/24/2014	Date of Injury:	04/08/2013
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 57-year-old woman with a date of injury of April 8, 2013. The mechanism of injury occurred as a result of a trip and fall. The injured worker's working diagnosis is internal derangement, bilateral knees. Pursuant to the progress reports initial office visit by the requesting physician, the IW was referred to [REDACTED] after the accident and failed management with physical therapy and medications. Apparently, she was worked up with an MRI evaluation of the knees and was referred to an orthopedic surgeon who had recommended right knee surgery earlier this year. The surgery was not performed. Currently, she describes the pain as constant in both knees. The right seems to be more affected. The pain is made worse with prolonged walking and standing. She has difficulty with stairs. Current medications include Motrin and Vicodin. Objectively, the IW ambulates about the office without difficulty. She has full 130 degrees of flexion and extension oh the knees. There is medial and lateral joint tenderness present. The knee is stable to loading in varus and valgus angulation. Anterior and posterior drawer signs are negative on the right and left. . Patellar tracking is normal. Examination of the left knee shows more infrapatellar tenderness. The knee is stable in varus and valgus angulation on the left. Motor strength is 5/5 in regard to thigh flexion, leg flexion-extension, ankle dorsi and plantar flexion, and EHL. Reflexes are 1+ and equal at the patellar and Achilles region. The treating physician reports he will not change the injured worker's current medications. The plan is to wait for medical records so he can develop a definitive treatment plan. There was no discussion regarding an MRI in the progress note. The current request is for MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left knee is not medically necessary. MRIs are recommended for soft tissue injuries, meniscal, chondral surface injuries and ligamentous disruption). The indications for imaging are enumerated in the Official Disability Guidelines. They include, but are not limited to acute trauma to the knee, including significant trauma or if suspect posterior knee dislocation or ligament. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the worker presented to a new physician in a progress note dated October 8, 2014. Reportedly, the injured worker was scheduled for knee surgery, did not have the knee surgery and failed management with both physical therapy and medications. Current medications were Vicodin and Motrin as needed. The injured worker ambulates without difficulty. The injured worker's diagnosis was internal derangement bilateral knees. There was no discussion of repeat magnetic resonance imaging in the medical record. Additionally, repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There was no documentation there was a significant change in symptoms and or objective findings suggestive of significant pathology. The treating physician stated, in the medical record, he was going to wait to review all of the medical records before engaging in any additional treatment. Consequently, MRI left knee is not medically necessary.