

Case Number:	CM14-0051154		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2013
Decision Date:	03/31/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female with an industrial injury dated 03/10/2013. Her diagnoses include left knee chondromalacia, left knee osteoarthritis, and medial and lateral meniscal tears. Recent diagnostic testing has included an x-ray (no date) showing mild degenerative changes, and bone spurs in the femoral condyle. Previous treatments have included left knee surgery (meniscus repair) (11/12/2013), left knee arthroscopy (03/17/2014), conservative care, physical therapy, and medications. In a progress note dated 07/15/2014 (latest exam), the treating physician reports ongoing left knee pain that was slightly improved. The objective examination revealed tenderness in the medial and lateral joint lines, crepitation though range of motion, quadriceps atrophy, and weakness with extension. The treating physician is requesting MRI of the right knee which was denied by the utilization review. On 04/04/2014, Utilization Review non-certified a request for MRI of the right knee without contrast, noting the lack of physical exam evidence consistent with a meniscal tear and no x-rays prior to the request. The ACOEM and ODG Guidelines were cited. On 04/18/2014, the injured worker submitted an application for IMR for review of MRI 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 Right Knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Knee and Leg, MRI?s (magnetic resonance imaging)

Decision rationale: ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "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." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes indicate that the patient is undergoing home therapy, but also additionally notes that the home therapy exercises are not being conducted. ODG further details indications for MRI: 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. Nontrauma, nontumor, nonlocalized 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 - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007). Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The patient's injury is from 2013 to the left knee. The treating physician does not indicate an abnormal physical exam consistent with a meniscal tear. There was no X-ray ordered prior to this request. The records fail to demonstrate any of the above indications. As such, the request for MRI Right Knee is not medically necessary.