

Case Number:	CM15-0012801		
Date Assigned:	02/03/2015	Date of Injury:	06/07/2014
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/21/2015

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
 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 39 year old male technician who sustained an industrial injury on 6/7/14. He reports bilateral anterior knee pain that is sharp, constant when loading such as walking. His radiographs were normal. Diagnoses include chondromalacia of patella bilateral patellofemoral pain syndrome. Treatments to date include physical therapy and medications. In an orthopedic evaluation dated 10/6/14, the treating provider reports a normal physical exam of both knees. The orthopedic surgeon noted a diagnosis of patellofemoral syndrome and recommended progressive home exercise and physical therapy. The orthopedic surgeon noted that the injured worker is not a surgical candidate. It was also noted that the injured worker has requested magnetic resonance imaging and although not typically required for this diagnosis it is not an unreasonable request given his 9 months of pain to rule out internal derangement. The injured worker was seen by his primary treating physician on 10/30/14 at which time he reported improvement. Examination revealed bilateral distal patellar tenderness, mild crepitus, pain on flexion over the distal patellar tendon, stiff gait and pain with range of motion. On 12/12/14 Utilization Review non-certified the request for magnetic resonance imaging for the right and left knee citing MTUS: Knee Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation, Chapter Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: According to the ACOEM guidelines, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test result) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case, the injured worker is noted to have normal physical examination in both knees and is not a surgical candidate. In this absence of red flags or positive physical examination findings suggestive of internal derangement, the request for advanced imaging studies would not be supported. The request for left knee magnetic resonance imaging is not medically necessary.

MRI for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation, Chapter Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: According to the ACOEM guidelines, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test result) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case, the injured worker is noted to have normal physical examination in both knees and is not a surgical candidate. In this absence of red flags or positive physical examination findings suggestive of internal derangement, the request for advanced imaging studies would not be supported. The request for right knee magnetic resonance imaging is not medically necessary.