

Case Number:	CM15-0017051		
Date Assigned:	02/05/2015	Date of Injury:	01/11/2012
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury on 1/11/12, with subsequent ongoing back and bilateral knee pain. Magnetic resonance imaging right knee showed a medial meniscus tear. Magnetic resonance imaging left knee (9/25/12) showed extensive venous varicosities and a possible meniscus tear. Treatment included right knee lateral meniscectomy, chondroplasty and synovectomy (9/20/13), chiropractic therapy, lumbar back support, shockwave therapy and medications. In a qualified medical evaluation dated 9/11/14, the injured worker complained of lumbar spine pain with numbness radiating to the left leg and loss of motion the left knee that the injured worker reported as limited secondary to back pain. The physician noted that the magnetic resonance imaging left knee from 9/25/12 was poor quality and recommended a repeat magnetic resonance imaging scan. On 12/9/14, Utilization Review noncertified a retrospective request for MRI of the left knee (DOS: 11/14/14) citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI of the left knee (DOS: 11/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI

Decision rationale: This patient presents with bilateral knee pain and low er back pain, radiating pain in left leg with numbness. The treater has asked for retrospective request for mri of the left knee (DOS 11/14/14) but the requesting progress report is not included in the provided documentation. The patient has a prior MRI of the left knee that is suspicious for possibly a meniscus tear, but is not clearly delineated per 9/11/14 QME report. As the prior MRI was done in a trailer, the 9/11/14 QME states that "a higher quality MRI may help clarify this situation." For repeat MRIs of the knee, ODG states: "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 is currently not working due to significant pain. In this case, the patient had a prior left knee MRI that showed a suspected tear. The treater is requesting a repeat MRI of the knee for further evaluation of the possible meniscus tear given the patient's persistent symptoms. The QME mentions that the previous MRI was of poor quality done in a "trailer." ODG supports a repeat MRI for post-surgical patients to assess their knee cartilage repair tissue. There is no radiology report of the knee indicating that the MRI was of poor quality needing a repeat study. ODG does not support repeat MRI except in specific situations outlined above. The request is not medically necessary.