

Case Number:	CM15-0018503		
Date Assigned:	02/06/2015	Date of Injury:	02/14/2005
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral knee pain reportedly associated with an industrial injury of February 14, 2005. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for MRI imaging of the knee, invoking non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a February 4, 2015 progress note, the applicant reported persistent complaints of bilateral knee pain, low back pain and neck pain. The attending provider stated that he was endorsing knee MRI imaging on the grounds that the applicant could not move ahead with planned knee surgery. The applicant was on Naprosyn, Neurontin, Norco, and Soma. The applicant was given diagnosis of degenerative joint disease of bilateral knees. The applicant was pending a total knee arthroplasty surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition: Magnetic Resonance Imaging (MRI) is Not Recommended for Acute, Sub-Acute and Chronic Knee Pain (Insufficient Evidence (I)) MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease.

Decision rationale: 1. No, the request for MRI imaging of the knee was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of MRI imaging of the knee for the diagnosis of knee arthritis, reportedly present here. However, the Third Edition ACOEM Guidelines Knee Chapter notes that MRI imaging is not recommended for routine evaluation of chronic knee pathology, including degenerative joint disease. Here, the attending provider did acknowledge that the applicant already had an established diagnosis of knee arthritis. It was not clearly stated or clearly established why MRI imaging was being proposed for diagnosis of knee arthritis in the face of the unfavorable ACOEM position on the same. It is not clearly stated why knee MRI imaging was needed prior to the applicant's receiving a planned total knee arthroplasty surgery for an already established diagnosis of knee arthritis. Therefore, the request was not medically necessary.