

Case Number:	CM15-0019238		
Date Assigned:	02/09/2015	Date of Injury:	01/20/2014
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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:

The injured worker is a 44 year old male, who sustained an industrial injury on 01/20/2014. He has reported subsequent bilateral knee pain and was diagnosed with pain in joint of the lower leg status post partial medial meniscectomy and chondroplasty for complex tear of the medial meniscus and psychogenic pain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/19/2015 the injured worker complained of ongoing left knee pain with new onset right knee pain that was progressively worsening. The injured worker noted difficulty ascending and descending stairs as well as popping and locking of the right knee. Objective physical examination findings were notable for an antalgic gait, positive joint line tenderness and medial collateral ligament laxity of the right knee. The physician noted that due to ongoing right knee pain as well as physical examination findings of joint line tenderness and medial collateral ligament instability, there was concern for a possible meniscal tear and that an MRI would be ordered. A request for authorization of MRI of the right knee was made. The physician also noted that a request for authorization of consult with a nutritionist was being submitted to facilitate a better understanding of how the injured worker would be able to lose weight through diet. The injured worker was noted to be unable to exercise secondary to knee pain. On 01/26/2015, Utilization Review non-certified requests for 1 single positional MRI of the right knee and 1 time consult with a nutritionist. The utilization review letter is unclear as to the specific rationale for the denial of these services. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One single positional MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines chapter knee and leg (acute and chronic), MRI

Decision rationale: The patient presents with bilateral knee pain. Patient continues to note ongoing left knee pain as well as increasing right knee compensatory pain which radiates to the posterior aspect of his knee and down to his right heel. The request is for ONE SINGLE POSITIONAL MRI OF THE RIGHT KNEE. The RFA provided is dated 02/02/15. Patient is status-post arthroscopic partial left medial meniscectomy, arthroscopic left patellar chondroplasty, and post arthroscopic left medial femoral condyle chondroplasty on 10/31/14. Patient's diagnosis on 01/19/15 included pain in joint of the lower leg, status post partial medial meniscectomy and chondroplasty for complex tear of the medial meniscus and psychogenic pain. The patient is to return to modified duty. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG Guidelines chapter knee and leg (acute and chronic) and topic magnetic resonance imaging, 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. In this case, treater is requesting MRI for the right knee with concerns for a possible meniscal tear. Review of the report dated 11/20/14 shows left knee MRI study done in June 2014 which showed complex tear of the body segment /posterior horn of the medial meniscus. Patient is status-post arthroscopic partial left medial meniscectomy, arthroscopic left patellar chondroplasty, and post arthroscopic left medial femoral condyle chondroplasty on 10/31/14. Review of the reports does not mention a prior MRI for the right knee. Given the patient's new onset right knee pain an MRI does appear consistent with ODG guidelines. The request IS medically necessary.

Consultation with nutritionist: Overturned

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 weight loss aetna.com

Decision rationale: The patient presents with bilateral knee pain. Patient continues to note ongoing left knee pain as well as increasing right knee compensatory pain which radiates to the posterior aspect of his knee and down to his right heel. The request is for ONE SINGLE

POSITIONAL MRI OF THE RIGHT KNEE. The RFA provided is dated 02/02/15. Patient is status-post arthroscopic partial left medial meniscectomy, arthroscopic left patellar chondroplasty, and post arthroscopic left medial femoral condyle chondroplasty on 10/31/14. Patient's diagnosis on 01/19/15 included pain in joint of the lower leg, status post partial medial meniscectomy and chondroplasty for complex tear of the medial meniscus and psychogenic pain. The patient is to return to modified duty. MTUS and ODG do not address nutritionist referral for weight loss, therefore alternative guidelines were consulted. Per aetna.com, nutritional counseling is considered medically necessary for chronic disease states in which dietary adjustment has a therapeutic role, when it is prescribed by a physician and furnished by a provider (e.g., licensed nutritionist, registered dietician, or other qualified licensed health professionals such as nurses who are trained in nutrition) recognized under the plan. Note: In all circumstances, the intent of this policy is to permit the nutritional counselor to function as a consultant to evaluate the member and coordinate ongoing care with the referring physician. In this case, the treater is requesting a nutritionist referral to facilitate a better understanding of how the patient would be able to lose weight through diet. The patient was noted to be unable to exercise secondary to knee pain. The request appears to be reasonable given the patient's nature of the patient's condition and the potential benefit from weight loss. The request IS medically necessary.