

Case Number:	CM15-0112028		
Date Assigned:	06/18/2015	Date of Injury:	10/20/2008
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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 61 year old female who sustained a work related injury October 20, 2008. Past history included hypertension. According to an orthopedic physician's follow-up evaluation, dated May 8, 2015, the injured worker presented with complaints of pain in the knees, starting on the right side and now with shifting weights, she is having increased pain in the left knee. She reports pain in the inner aspect of the knees bilaterally, with popping and clicking. She uses a cane for ambulation and takes over the counter Motrin as needed. She has had cortisone and Hyalgan injections to the right knee and only cortisone injection to the left knee. Objective findings included; medial tenderness along both knees; extension at 165 degrees bilaterally, flexion at 120 degrees on the right and 125 degrees on the left; tenderness along the inner patella; and positive compression test bilaterally. Diagnoses are internal derangement of the knee, right; ankle sprain with grade II-grade III tear of the anterior talofibular ligament on the right; gait abnormalities, lumbosacral sprain, and non- specific left buttock iliac crest involvement with no radiculopathy. At issue, is the request for authorization for MRI's of the right and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 13 Knee, Diagnostic Imaging, page 341-343.

Decision rationale: There is no recent x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings with evidence of internal derangement, acute flare-up, new injuries, failed conservative knee treatment trial or progressive change to support for the imaging study for this 2008 P&S injury for this retired injured worker now on over the counter Motrin. The MRI without contrast Left knee is not medically necessary and appropriate.

MRI without contrast Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 13 Knee, Diagnostic Imaging, page 341-343.

Decision rationale: There are no recent x-rays of the knee showing acute findings. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries, failed conservative treatment trial or progressive change to support for the imaging study for this 2008 P&S injury for this retired injured worker now on over the counter Motrin. The MRI without contrast Right knee is not medically necessary and appropriate.