MAXIMUS Federal Services

Case Number:	CM15-0113712		
Date Assigned:	06/22/2015	Date of Injury:	05/09/2011
Decision Date:	08/06/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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 57 year old female, who sustained an industrial injury on 05/09/2011. She has reported injury to the neck, right shoulder, right knee, and low back. The diagnoses have included cervical sprain/strain; cervical radiculopathy; lumbar sprain/strain; status post right shoulder arthroscopy with subacromial decompression and rotator cuff debridement; right knee chondromalacia patella; right carpal tunnel syndrome; and lumbar pain. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic therapy, surgical intervention, physical therapy, and home exercise program. Medications have included Ultram, Relafen, Ibuprofen, Prilosec, and topical compounded creams. A progress report from the treating physician, dated 05/04/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right knee pain; she has undergone some physical therapy and has mild improvement of her symptoms; she is taking medications to control her symptoms, which are providing her with symptomatic relief; she continues to have some lumbar pain and cervical spine pain; the shoulder is doing well overall; and she still has some pain at times. Objective findings included right shoulder with decreased range of motion; right wrist has positive Phalen's and reverse Phalen's signs; right knee examination reveals well-healed incisions; tenderness to palpation at the anteromedial and anterolateral joint lines; tenderness to palpation at the medial and lateral patellar facets; mild tenderness to palpation at the medial and lateral joint lines; lumbar spine examination reveals tenderness and spasm over the paraspinal musculature; and she has lumbar pain with straight leg raising. The treatment plan has included the request for outpatient MRI of the right knee with intra-articular contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the right knee with intra-articular contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (Acute & Chronic) (updated 05/05/15), MR arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Magnetic resonance imaging.

Decision rationale: The patient presents on 06/08/15 with unrated pain in the right knee, right shoulder, cervical spine, and lumbar spine. The patient's date of injury is 05/09/11. Patient is status post right shoulder subacromial decompression, and unspecified right knee arthroscopy on 08/25/11. The request is for Outpatient MRI of the Right Knee with Intra-Articular Contrast. The RFA is dated 05/28/15. Physical examination of the right knee dated 06/08/15 reveals well healed incisions, tenderness to palpation of the anteromedial and anterolateral aspects of the joint, and tenderness to palpation at the medial and lateral patellar facets. Knee range of motion is noted to be 125 degrees. The patient is currently prescribed Relafen, Prilosec, and Ultram. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Guidelines, Knee and Leg chapter, Magnetic resonance imaging states: "Indications for imaging MRI: Acute trauma to the knee, including significant trauma , or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic. If additional imaging is necessary and if internal, derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." In regard to the intra-articular contrast MRI of the right knee, the request is appropriate. Progress notes do not contain any evidence that this patient has undergone any recent imaging of the right knee. Per progress note dated 05/04/15, this patient underwent imaging of the right knee prior to arthroscopic repair surgery over 5 years ago. Utilization review denied this request on the grounds that the progress note states that "the patient has not had an MRI for one year." However, the provider states that: "she has not had ONE IN years" not "FOR ONE year." Given this patient's clinical presentation, surgical history, and the lack of any recent imaging of the affected joint; an MRI with contrast could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request is medically necessary.