

Case Number:	CM15-0119576		
Date Assigned:	07/01/2015	Date of Injury:	10/15/2003
Decision Date:	09/01/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 41 year old male who sustained an industrial injury on 10/15/2003. Mechanism of injury was a slip and fall injuring his knees. Diagnoses include bilateral meniscal tears, lumbar degenerative disc disease and myofascial pain. Treatment to date has included diagnostic studies, medications, use of a Transcutaneous Electrical Nerve Stimulation unit, injections, a home exercise program, and a heating pad. A right knee Magnetic Resonance Imaging done on 05/18/2015 revealed tricompartmental osteoarthritis, most advanced in the medial compartment, and severe degeneration of the medial meniscus. The body is extruded and there is a large complex horizontal tear through the posterior horn and body. There is a large tear through the anterior and posterior horns with a small intrameniscal cyst in the posterior horn tear. There is mucoid degeneration of the anterior cruciate ligament with several ganglia within the ligament substance as described. He continues to work full time as a cook. A physician progress note dated 05/11/2015 documents the injured worker has complaints of bilateral knee pain and low back pain that radiates down his legs with numbness and tingling. He walks daily. Left knee pain has decreased since the cortisone injection that was given 5 months ago. It is still helpful. His right knee is more painful. He takes Naprosyn as needed, usually 2-3 times a week. He has stopped his Gabapentin. His knees lock at times. He was recommended surgery years ago. The treatment plan includes a trial of LidoPro ointment, and he is to continue to use his Transcutaneous Electrical Nerve Stimulation unit, and his home exercise program. Treatment requested is for a Magnetic Resonance Imaging of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

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

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was report of intermittent slightly worse knee pain compared to prior months with some occasional catching while working full time. No red flag diagnoses were apparent upon review of the documentation provided for review. Home exercises and medications were recommended, however, there was insufficient evidence to show the worker was actually performing home exercises on a regular basis (besides walking) or losing weight to help treat his knee pain. Also, there was insignificant physical examination findings to suggest MRI was necessary. There was no discussion documented that the worker was interested in surgical intervention which would be the only point to ordering imaging of the knees. Therefore, in consideration of all these factors, the left knee MRI will be considered medically unnecessary at this time.