

Case Number:	CM15-0120083		
Date Assigned:	06/30/2015	Date of Injury:	03/24/2012
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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 34 year old female patient who sustained an industrial injury on 03/24/2012. The accident was described as while working regular duty as a supervisor in an assisted living facility she was working with a resident with Alzheimer's coming off the commode he pushed her backwards and she felt acute onset of right knee pains. She was evaluated and underwent a course of physical therapy which noted causing increased pain and swelling. There after she consulted an orthopedist who recommended a surgical repair that the patient subsequently missed the appointment and was released of care. She is now being re- evaluated of right knee effusion and pain. A pain management follow up visit dated 11/24/2014 reported subjective complaint of being improved with the utilization of medications. She is however, still with difficulty sleeping and Gabapentin noted increased. Current medications included: Gabapentin, Flexeril, Naproxen, Omeprazole Tramadol ER, and Zaleplon. The impression found the patient with severe right knee derangement. She is to remain totally disabled until January 01/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Right Knee, Qty 1: 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): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Magnetic resonance imaging.

Decision rationale: Based on the 05/04/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for MRI (magnetic resonance imaging), right knee, qty 1. RFA with the request not provided. Patient's diagnosis on 05/04/15 included right knee pain status post contusion and fall. Physical examination to the right knee on 05/04/15 revealed tenderness to palpation to patellofemoral compartment especially laterally. Range of motion from -10 degrees to 80 degrees if flexion. Treatment to date included imaging studies, patellofemoral brace, steroid injection to knee, physical therapy and medications. Patient's medications include Gabapentin, Flexeril, Naproxen, Omeprazole Tramadol ER, Zaleplon, and topical creams. The patient is temporarily totally disabled, per 04/13/15 report. Treatment reports were provided from 11/24/14 - 05/17/15. 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. ODG-TWC, Knee and Leg (acute and chronic) Chapter, under Magnetic resonance imaging states: "soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI... MRI is reasonable if internal derangement is suspected... 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." Per 05/04/15 report, treater states, "The patient's symptoms appear to be primarily from the patellofemoral compartment. She did have evidence of patellofemoral chondromalacia on previous MRI scanning. I am uncertain as to what is causing the patient's recurrent effusions. Presently the patient does not have an effusion. She will be scheduled for right knee MRI scan to rule out any internal derangement." Per QME report dated 03/03/15, the patient had MRI of the right knee on 04/16/12 which revealed "moderate-to-large effusion mainly within the suprapatellar bursa and small popliteal cyst." Patient had repeat right knee MRI on 06/26/13, which showed "no evidence of internal derangement, and no findings consistent with patient's symptoms apart from early hondromalacia of the patellofemoral and medial compartment. There was also disclosed tiny uncomplicated Baker's cyst." In this case, the patient continues with pain and treater requests what appears to be the third MRI of the right knee, "to rule out internal derangement." Though guidelines support knee MRI when there is suspicion of internal derangement, there is no discussion of acute re-injury or red flag physical exam findings. Just the persistence of intractable pain to the joint and tenderness to palpation does not warrant additional imaging. Repeat MRIs are supported by ODG "to assess knee cartilage repair tissue" post-surgically, or in cases of re-injury to the joint. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.