

Case Number:	CM15-0122254		
Date Assigned:	07/06/2015	Date of Injury:	09/05/2014
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female who sustained an industrial injury on 9/5/14. The mechanism of injury was unclear. She currently complains of residual weakness and occasional pain of the left ankle with squatting and bending; ongoing left knee and medial joint line pain that is exacerbated with squatting, bending and twisting activities. On physical exam of the left knee she exhibits an antalgic gait, left lower extremity, quadriceps atrophy and weakness, tenderness about the medial and lateral patella facet, tenderness about the medial joint line, positive McMurray's sign. Diagnoses include left ankle impingement syndrome, synovitis and osteochondral injury of talus, status post arthroscopic left ankle extensive synovectomy and chondroplasty (1/22/15); left ankle strain; left knee strain; symptomatic left knee medial joint line pain, rule out medial meniscus tear. On 5/14/15 the treating provider's plan of care includes a request for MRI of the left knee with arthrogram to rule out medial meniscus tear. Treatments to date include physical therapy. Diagnostics include MRI of the left ankle (no date) demonstrated an osteochondral injury to the talar dome; MRI of the left knee (11/1/14) showing intrasubstance degeneration of the medial meniscus without evidence of a tear, degeneration of the patellofemoral compartment. On 5/14/15 the treating provider's plan of care includes a request for MRI of the left knee with arthrogram to rule out medial meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left knee with arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, Knee MRI with contrast.

Decision rationale: This claimant was injured in September 2014. Diagnoses include left ankle impingement syndrome, synovitis and osteochondral injury of talus, status post arthroscopic left ankle extensive synovectomy and chondroplasty (1/22/15); left ankle strain; left knee strain; and symptomatic left knee medial joint line pain, rule out medial meniscus tear. A previous MRI of the left knee done last November showed intrasubstance degeneration of the medial meniscus without evidence of a tear, degeneration of the patellofemoral compartment. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. The prior MRI however was done, and was negative. It is not clear why it is suspected there is new damage to the knee. In this context, it is not clinically clear what would be gained with another knee MRI. The request was appropriately non-certified under evidence-based criteria.