MAXIMUS Federal Services

Case Number:	CM15-0125126		
Date Assigned:	07/09/2015	Date of Injury:	06/11/2004
Decision Date:	08/06/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
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 year old female who sustained an industrial /work injury on 6/11/04. She reported an initial complaint of head, neck, and left knee pain. The injured worker was diagnosed as having left knee compartment arthrosis with grade IV chondromalacia, left knee lateral subtotal meniscectomy and left knee pain. Treatment to date includes medication, surgery (left knee arthroscopy, lateral meniscectomy and lateral compartment chondroplasty on 9/8/14, left knee medial and lateral compartment chondroplasty and subtotal lateral meniscectomy on 12/9/10) and physical therapy. X-ray results reported on 4/15/15. Currently, the injured worker complained of left knee pain. Per the primary physician's report (PR-2) on 4/15/15, exam revealed an abrasion to the anterolateral knee, exquisite tenderness at the anterolateral aspect of the femur and tibia, range of motion was 5-110 degrees with pain at the lateral compartment. Exam ended due to pain. Current plan of care included update MRI, three Euflexxa injections, additional post-op therapy, and recumbent bike. The requested treatments include MRI (magnetic resonance imaging) left knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Knee without contrast: 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): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 47.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. According to the ODG guidelines, Indications for imaging, MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). 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. In this case, the claimant had a recent fall and the x-ray showed a chip in the lateral femoral condyle, which explained the new knee pain. There was no mention of concern or clinical findings of an ACL tear. The request for an updated MRI of the knee is not medically necessary.