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| Case Number: | CM15-0126514 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 09/16/2012 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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, Pain Management

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 69 year old female who sustained an industrial injury on 9-16-12. Diagnoses are lumbar disc displacement without myelopathy, pain in joint forearm, history of diabetes, left shoulder arthroscopy-2006 and left knee arthroscopy -2007. In a visit note dated 6-10-15, the treating physician reports complaints of sharp, stabbing pain in her back and burning down her right side. The injured worker states she had an MRI of the knee as well as physical therapy, which was effective in relieving her knee and ankle pain. She has not had an updated MRI or surgical consultation in a couple of years. She has an antalgic gait. There is tenderness on palpation to the lateral and medial meniscus of the right knee. Right lower extremity exam notes musculoskeletal strength of thigh flexion at 4 out of 5, lower leg flexion 3 out of 5 and lower leg extension 4 out of 5. The right knee is positive for effusion and joint line tenderness. Options were explained to the injured worker in terms of injection therapy regarding treatment of her back. She would like to treat her right knee prior to considering this and would like conservative therapy for her back. She is experiencing most pain in her right knee at this time. Her last MRI was over 2 years ago and does not have it for review. She might need a surgical consultation for the knee but prior to that, would like to get an updated MRI. She has notable swelling and tenderness both medially and laterally in the right knee with weakness and difficulty weight bearing. Medications are Nabumetone, Protonix, Gabapentin, and Norflex. The trial of Buprenorphine was not tolerated well so she will try a trial of Tramadol. Work status is modified work and if that is not available, she should be on total temporary disability. The requested treatment is a repeat MRI of the right knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the right knee without contrast, outpatient: Overturned

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): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat MRI of the knee, ACOEM guidelines do not have specifics on repeat imaging. The Official Disability Guidelines do note that repeat imaging should be reserved for a significant change in pathology. There are references to a prior MRI of the knee being performed in the past, and the provider notes that this was over 2 years ago. The requesting provider further specifies that the patient current has swelling on exam, tenderness, and difficulty with weight bearing. Given this significant change in pathology, as well as the relatively remote timing of the previous MRI, the currently requested MRI is medically necessary.