

Case Number:	CM15-0128424		
Date Assigned:	07/14/2015	Date of Injury:	07/15/2009
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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 64 year old male, who sustained an industrial injury on July 15, 2009. The injured worker reported that while he was getting into a truck he felt and heard a cracking sound in his right knee and subsequently while under treatment for the right knee his left knee became symptomatic. The injured worker was diagnosed as having bilateral knee osteoarthritis, asthma, and chronic obstructive pulmonary disease. Treatment and diagnostic studies to date has included medication regimen, physical therapy, x-rays, Orthovisc injections, and use of braces. In a progress note dated June 10, 2015 the treating physician reports complaints of bilateral knee pain, weakness, swelling, stiffness, numbness, and tingling. Examination reveals decreased range of motion to bilateral knees with the right worse than the left. The treating physician requested magnetic resonance imaging of the left knee with 1.5T with the treating physician noting unimpressive x-rays and concern for the development of avascular necrosis secondary to long-term steroid use for the lungs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee 1.5T: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348-350. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1 and 13-3, and 343.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there are no red flags or another indication for MRI as outlined above. The provider notes that the patient has a history of steroid use for the lungs and questions if avascular necrosis is a source of pain. However, the patient is also noted to have longstanding pain secondary to tri-compartmental osteoarthritis in both knees and total knee replacements have been authorized. Therefore, as it is not clear how the results of MRIs would be likely to change the treatment plan given the pending total knee replacements, there is no clear indication for MRI. In light of the above issues, the currently requested MRI is not medically necessary.