

Case Number:	CM15-0129222		
Date Assigned:	07/15/2015	Date of Injury:	10/20/2013
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 57 year old female who sustained an industrial injury on 10/20/2013. She reported stocking computer equipment on high shelves. She turned and twisted, injuring her left knee and hip. The injured worker was diagnosed as having left knee meniscal tear, and left hip strain. Treatment to date has included physical therapy (which was prescribed but not attended), a knee brace, and medications. X-rays of the knee on 05/12/2015 are noted to be normal. A MRI taken in 2013 reveals meniscal degeneration with no evidence of a specific tear. Currently, the injured worker complains of left knee and hip pain and an inability to move her left knee (05/12/2015). On exam, the left knee has minimal movement, and the range of motion of the left hip is difficult to assess. She has tenderness over the joint line of the left knee and mild atrophy of the left quadriceps muscle. Her gait is antalgic, favoring the left extremity. The treatment plan is for the worker to discontinue the use of the knee brace and start a formal course of physical therapy. A repeat MRI scan was recommended to evaluate the possibility of a meniscal tear. A request for authorization was made for the following: Outpatient left knee MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee MRI without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging).

Decision rationale: ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." ODG further details indications for MRI: 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: nonpatellofemoral symptoms; Initial anteroposterior and lateral radiographs nondiagnostic (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 nondiagnostic (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, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult nontrauma, nontumor, nonlocalized 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. (Weissman, 2011) The treating physician has provided documentation of positive McMurray's, locking, weakness, instability, decreased range of motion, pain and muscle atrophy of the calf. The symptoms that have been described provide rationale for the requested testing. As such, the request for Outpatient left knee MRI without contrast is medically necessary.