

Case Number:	CM15-0171622		
Date Assigned:	09/11/2015	Date of Injury:	02/04/2015
Decision Date:	11/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

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:

This is a 50 year old female who sustained a work-related injury on 2-4-15. Medical record documentation on 7-29-15 revealed the injured worker was being treated for a capsular sprain of the left knee, patella-femoral pain syndrome with chondromalacia and lateral patella-femoral facet. She reported moderate left knee pain which she rated a 3-4 on a 10-point scale. She reported that her symptoms had worsened from her previous evaluation and she continued to have pain intermittently with waking. She was doing a home exercise program. Objective findings included knee flexion to 100 degrees with pain at flexion of greater than 80 degrees and extension to less than 5 degrees. She had swelling of the inferior patella. She had a positive patella-femoral grind test, positive patella-femoral crepitus and tenderness to palpation over the medial tibial plateau and the infra-patellar area. Her treatment plan included continuation of medication regimen, continued physical therapy, and MRI of the left knee to compare with MRI of 3-18-15 to evaluation for worsening chondromalacia. An MRI of the left knee dated 3-18-15 revealed narrowing of the lateral patellofemoral compartment with moderate to high grade chondromalacia of the articular cartilage overlying the lateral patellar facet with underlying subcortical cystic change and reactive marrow edema that may cause pain. A request for MRI of the left knee was received on 7-29-15. On 8-5-15, the Utilization Review physician determined one MRI of the left knee to rule out worsening chondromalacia was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI for the left knee to rule out (r/o) worsening chondromalacia: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury to the left knee in February 2015 when she slipped on a wet tile floor. An MRI of the left knee in March 2015 showed findings of moderate chondromalacia. Treatments have included medications and physical therapy with completion of 17 treatments as of 07/13/15. When seen, she had worsening pain since the previous visit. She had knee pain rated at 3-4/10. She was having intermittent pain with walking. She was performing home exercises. Physical examination findings included decreased knee range of motion and pain with flexion beyond 80 degrees. There was inferior patellar swelling. Patellofemoral grind testing was positive. There was crepitus. She had medial tibial plateau and infrapatellar tenderness. Authorization was requested for a repeat MRI scan to rule out a worsening of chondromalacia. Soft-tissue injuries of the knee such as meniscal, chondral surface injuries, and ligamentous disruption are best evaluated by MRI. In this case, the claimant has already had an MRI of the knee showing findings of chondromalacia. There is no new or suspected ligament or meniscal injury. A repeat MRI scan is not medically necessary.