MAXIMUS Federal Services

Case Number:	CM15-0171829		
Date Assigned:	09/14/2015	Date of Injury:	08/08/2014
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 41 year old male who sustained an industrial injury on 8-8-14. A review of the medical records indicates he is undergoing treatment for knee sprain and chronic internal derangement of the knee. Medical records (5-26-15 to 7-14-15) indicate ongoing left knee pain with swelling and joint stiffness. He was noted to be working modified duty, but reports that he "still walks a lot for his job and this makes his left knee swell" (7-7-15). On 7-14-15, the injured worker reported "knee joint pain and knee joint swelling on the right. No left knee joint swelling, knee joint stiffness". However, the report later states that "he is having pain from his left knee up into his left hip and his left knee is swelling". He was on modified work duty, of no more than 4 hours of walking per day. He reports that he is "having problems at work and that his boss is having him walk 10 hours on uneven ground" (7-14-15). The physical examination indicates "no swelling of the knee, no induration of the knee, no erythema of the knee, no warmth of the knee, no dislocation of the knee, no deformity of the knee, no cyst in the knee, and the patella was normal". It also states "knee flexion was abnormal". Treatment has included a home exercise program, including range of motion exercises and strengthening exercises, oral medications, including Gabapentin and Tramadol, modified work duty, and topical compound creams. Prior diagnostic tests have included x-rays of the knee. The treatment request is an MRI of the left knee. The utilization review (8-5-15) indicates denial of the request "due to the previous imaging studies are not described".

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging (MRI) left knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. Repeat MRI, postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are made of osteoarthritis knee; knee sprain; synovitis of the knee; chronic internal derangement of the knee; acquired deformity of the knee; acquired genu varum; and plica syndrome. Date of injury is August 8, 2014. Request for authorization is July 30, 2015. According to a July 14, 2015 progress note, the injured worker is eight months status post left knee chondroplasty. Subjectively, the worker has ongoing knee pain and swelling. Objectively, there is tenderness palpation and no instability. There are no specifics regarding range of motion. There is no specific clinical rationale for repeating MRI of left knee. According to a follow-up progress note dated August 19, 2015, the treating provider agrees with the utilization review denial dated August 4, 2015 for MRI left me denial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no specific clinical indication or rationale for repeating MRI of the left knee, magnetic resonance imaging (MRI) left knee is not medically necessary.