

Case Number:	CM15-0173047		
Date Assigned:	09/15/2015	Date of Injury:	08/31/2000
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 65 year old female, who sustained an industrial injury on 8-31-2000. Diagnoses include chronic right knee pain, left knee pain and knee joint pain. Treatment to date has included right knee meniscectomy, medications and icing. Per the Primary Treating Physician's Progress Report dated 8-05-2015, the injured worker presented for follow-up of her left knee. She has had chronic right knee problems status post meniscectomy. She states her left knee has been bothering her more over the past 6-7 months. Pain level is documented as 10. Tylenol does not really help and she is not taking anti-inflammatories due to mild renal failure. Objective findings included a marked limp on the left leg and the left knee has a possible effusion. "She has large puffy legs and it is hard to say." Range of motion was mildly limited at 0-90 degrees. She was tender both medially and laterally. She also reported pain posteriorly although there was no palpable abnormality. Joint seems stable to varus valgus stress. Per the medical records dated 2-05-2015 pain level is documented as 2 and range of motion was "basically full with some mild anterior pain." Per the medical records dated 2-05-2015 to 8-05-2015 there was an increase in documented pain level with no significant changes in physical examination. The plan of care included left knee magnetic resonance imaging (MRI). On 8-18-2015, Utilization Review non-certified the request for MRI without contrast for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, MRIs.

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, MRI's (magnetic resonance imaging).

Decision rationale: Per the ODG guidelines regarding MRI of the knee: Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. (ACR, 2001) See also ACR Appropriateness Criteria. Diagnostic performance of MR imaging of the menisci and cruciate ligaments of the knee is different according to lesion type and is influenced by various study design characteristics. Higher magnetic field strength modestly improves diagnostic performance, but a significant effect was demonstrated only for anterior cruciate ligament tears. (Pavlov, 2000) (Oei, 2003) A systematic review of prospective cohort studies comparing MRI and clinical examination to arthroscopy to diagnose meniscus tears concluded that MRI is useful, but should be reserved for situations in which further information is required for a diagnosis, and indications for arthroscopy should be therapeutic, not diagnostic in nature. Indications for imaging -- MRI (magnetic resonance imaging): 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: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (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 non-diagnostic (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, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult-non-trauma, non-tumor, non-localized 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 documentation submitted for review indicates that the injured worker had an x-ray of the left knee performed 8/5/15 which revealed good joint space bilaterally, and no sign of arthritic changes in the joint, with some spurring of the patella noted. It was noted that the radiologist felt that there may be a loose body in the joint. She had been having left knee pain for 6-7 months. Per physical exam, the injured worker walked with a marked limp on her left leg. Range of motion was mildly limited 0-90 degrees. She was tender both medially and laterally. She also complained of pain posteriorly although there was no palpable abnormality. Joint seemed stable to varus or valgus stress. Anterior drawer, Lachman's and McMurray's all negative. I respectfully disagree with the UR physician's denial based upon a lack of failure of conservative treatment. The injured worker had failed medication management, and x-ray demonstrated normal findings. The request is medically necessary.

