

Case Number:	CM15-0174314		
Date Assigned:	09/16/2015	Date of Injury:	03/24/2011
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: Emergency 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 43-year-old female, who sustained an industrial-work injury on 3-24-11. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint of lower leg and arthropathy of lower leg. Treatment to date has included pain medication, right knee surgery 3-10-15, at least 12 sessions of physical therapy, ice, heat, home exercise program (HEP) and other modalities. Medical records dated 7-13-15 indicate that the injured worker reports that she was doing her physical therapy and more physical therapy was recommended. She was continuing to have pain in the contralateral left knee. The injured worker walked with a cane. The physician indicates that in regards to the right knee she is felt to be permanent and stationary-maximum medical level of improvement as of 7-13-15. The medical record dated 7-24-15 the injured worker complains of left knee pain rated 9 out of 10 on pain scales. The pain is aggravated by increased activity and she states that medications are less effective. There is positive for crepitations, limitation of motion of right lower extremity (RLE) and left lower extremity (LLE), positive joint pain of the bilateral lower extremities (BLE) knees and bilateral lower extremity weakness. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician, report dated 6-8-15 the injured worker has not returned to work. The physical exam dated 7-13-15 reveals that the range of motion with flexion of the right knee is 0-130 degrees and there is tenderness to palpation globally. The medical record dated 7-24-15 reveals that the left knee range of motion is restricted with flexion limited to 100 degrees limited by pain and extension limited to 170 degrees limited by pain. There is tenderness to palpation over the lateral and medial joint line, patella and pes

anserine. There is 1+ effusion in the right knee. The physician indicated that the injured worker believes that she will have left knee surgery in the future. The physician also indicates that the injured worker will need another Magnetic Resonance Imaging (MRI) of the left knee before the decision is made for surgery. The Magnetic resonance imaging (MRI) of the left knee dated 7-3-14 reveals tearing of the anterior horn of the lateral meniscus, lateral tilting and subluxation of the patella, small joint effusion and patellar tendinosis. The original Utilization review dated 8-12-15 non-certified a request for Magnetic Resonance Imaging (MRI) left knee to rule out medial meniscus tear as based on available reports and guidelines the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee r/o medial meniscus tear: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI left knee r/o medial meniscus tear, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has left knee pain rated 9 out of 10 on pain scale. The pain is aggravated by increased activity and she states that medications are less effective. There is positive for crepitations, limitation of motion of right lower extremity (RLE) and left lower extremity (LLE), positive joint pain of the bilateral lower extremities (BLE) knees and bilateral lower extremity weakness. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician, report dated 6-8-15 the injured worker has not returned to work. The physical exam dated 7-13-15 reveals that the range of motion with flexion of the right knee is 0-130 degrees and there is tenderness to palpation globally. The medical record dated 7-24-15 reveals that the left knee range of motion is restricted with flexion limited to 100 degrees limited by pain and extension limited to 170 degrees limited by pain. There is tenderness to palpation over the lateral and medial joint line, patella and pes anserine. There is 1+ effusion in the right knee. The physician indicated that the injured worker believes that she will have left knee surgery in the future. The physician also indicates that the injured worker will need another Magnetic Resonance Imaging (MRI) of the left knee before the decision is made for surgery. The Magnetic resonance imaging (MRI) of the left knee dated 7-3-14 reveals tearing of the anterior horn of the lateral meniscus, lateral tilting and subluxation of the patella, small joint effusion and patellar tendinosis. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI left knee r/o medial meniscus tear is not medically necessary.