

Case Number:	CM15-0033678		
Date Assigned:	02/27/2015	Date of Injury:	08/12/2010
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 51-year-old female, who sustained an industrial injury on 08/12/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include left knee patellofemoral arthrosis. Treatment to date has included cortisone injection, medication regimen, and home exercise program. In a progress note dated 01/26/2015, the treating provider reports tightness in the knee and pain that is rated a five out of ten. The treating physician requested magnetic resonance imaging of the left knee noting that the injured worker continues to be symptomatic and the treating physician is therefore suspicious of a meniscal tear. On 02/03/2015, Utilization Review non-certified the requested treatment of magnetic resonance imaging of the left knee, noting the California Medical Treatment Utilization Schedule, 2009, American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 13, pages 341 to 343 and Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Knee & Leg, MRI's (magnetic resonance imaging).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter on MRI.

Decision rationale: This patient presents with left knee pain. The patient is status post Cortisone injection from 12/19/2014. The treater is requesting an MRI of the left knee. The RFA from 01/29/2015 shows a request for left knee MRI rule out medial meniscus tear. The patient's date of injury is from 08/12/2010 and she is currently on full duty. The ACOEM guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that an MRI best evaluates soft tissue injuries: meniscal, chondral injuries, and ligamentous disruption. For "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The records do not show any previous MRI of the left knee. The ultrasound of the left leg from 07/03/2013 shows no evidence of DVT. The 01/26/2015 report notes tightness in the knee. There is mild tenderness to palpation over the medial patellar facet. There is full range of motion in the left knee. Positive hyperflexion test, Neurological and sensory exam are normal. In this case, the examination does not show any significant findings to warrant the need for an MRI of the left knee. The request IS NOT medically necessary.