

Case Number:	CM15-0041506		
Date Assigned:	03/11/2015	Date of Injury:	01/19/2004
Decision Date:	05/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 68 year old male, who sustained an industrial injury on 01/19/2004. The injured worker is currently diagnosed as having right knee medial meniscal tear status post arthroscopic partial medial meniscectomy and left knee medial meniscal tear. Treatment and diagnostics to date has included home exercise program, left knee MRI, right knee MRI, cortisone injections, right knee surgery, and medications. In a progress note dated 01/09/2015, the injured worker presented for a follow up evaluation of his acute knee injury and knee pain. According to the application, Independent Medical Review is being requested for left knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

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 & Leg Chapter, MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with bilateral knee pain, LEFT knee worse than RIGHT knee. The request is for LEFT KNEE MRI. The request for authorization is not provided. The patient is status-post RIGHT knee arthroscopic partial medial meniscectomy, 08/19/04. MRI of the LEFT knee, 03/04/11, shows medial meniscal tear. MRI of the LEFT knee, 01/28/15, shows prominent and increasing medial compartment degenerative joint disease since 2011, large areas of complete articular cartilage loss are seen over the medial femoral condyle and tibial plateau with diffuse underlying bone edema on both sides of the knee joint. X-ray of the bilateral knees, 04/18/14, shows LEFT knee: moderate medial tibiofemoral joint space narrowing, and moderate patellofemoral osteophyte formation as well with probable small joint effusion. Physical examination of the knees reveal some patellar pathology and obvious intraarticular knee, both medial and lateral aspect of both knees. There is some crepitus on range of motion. Knee demonstrates laxity bilateral. McMurray's test is positive for medial joint line pain and clicking bilateral and positive for lateral joint line pain and clicking bilateral. Varus and Valgus stress test reveals grade II injury left. Active and passive patellar grind and patellar apprehension tests are abnormal bilaterally. He has degenerative changes about both knees, severe in nature. He has had good response in his RIGHT knee to an injection in the past. He may need a LEFT knee arthroscopy with meniscectomy and chondroplasty. Patient was reinjected with Depo-Medrol to both knees on 08/29/14. Patient's medications include Butrans, Cymbalta, Docusate Sodium, Levothroid, Lisinopril and Metformin. Per progress report dated 01/09/15, the patient is permanent and stationary. 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. ODG-TWC, Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging), states: "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." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." Per progress report dated 01/12/15, treater's reason for the request is "I would like to get a new MRI of his left knee in the meantime to see if he has further damage or tear." The patient's prior left knee MRI is from 2011. In this case, it appears the repeat LEFT knee MRI was already obtained without authorization subsequent to the UR date of 01/23/15. ODG guidelines support repeat MRIs for post-surgical patients to assess knee cartilage repair tissue. In this case, the patient's last MRI was from 2011 and would appear that an updated MRI is reasonable given left knee symptoms that are worse than right side along with failure of conservative care. The requested left knee MRI which was obtained on 1/28/15 WAS medically necessary.