

Case Number:	CM15-0042306		
Date Assigned:	03/12/2015	Date of Injury:	02/28/2013
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii

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 56 year old male, who sustained an industrial injury on February 28, 2013. He reported left knee and posterior leg pain. The injured worker was diagnosed as having chronic left knee pain possibly secondary to MCL injury and degenerative disc disease and left hamstrings pain secondary to strain versus insertional tear. Treatment to date has included radiographic imaging, diagnostic studies, conservative treatments, pain medications and work restrictions. Currently, the injured worker complains of left knee and posterior left leg pain. The injured worker reported an industrial injury in 2013, resulting in left knee pain and left posterior leg pain. He has been treated conservatively without resolution of the pain. Evaluation on May 27, 2014, revealed continued left knee pain and increased right knee pain secondary to compensatory strategies to decrease the work on the left knee. He reported the prescribed pain medications were working well without noted side effects. He reported being unable to work secondary to pain. Medications were renewed. Evaluation on September 18, 2014, revealed continued pain. Diagnostic studies revealed a right meniscus tear. He reported a 50% decrease in pain with a recent steroid injection to the left knee. Surgical intervention was discussed for the right knee. Medications were renewed. Evaluation on February 10, 2015, revealed continued pain. It was noted he was frustrated that nothing has been done surgically at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with bilateral knee pain that continues to worsen. The current request is for MRI of the left knee without contrast. Prior MRI of the left knee without contrast occurred on 4/19/13. The treating physician states on 2/10/15 (B10) I have finally received a copy of [REDACTED] reports from 9/9/14 and recommendations were to obtain a new MRI for the left knee and a surgical consultation. AME report from 2/18/14 states (C32), Repeat MRI studies may be necessary as well as injections and the possibility of arthroscopic surgery. MTUS guidelines do not address repeat MRI scans. ODG states that MRI scans are recommended for soft tissue injuries. In regard to repeat MRIs ODG states, Repeat MRIs are recommended if need to assess knee cartilage repair tissue. Repeat MRIs: Post surgical if need to assess knee cartilage repair tissue. In this case, the treating physician has documented continued pain that has not improved. Currently the patient is not trying any other therapies for pain relief. There is no documentation that the patient has exhausted conservative treatments, no surgery has been performed and there is no documentation of any significant change in symptoms or injuries to suggest significant pathology. Recommendation is for denial. Therefore the request is not medically necessary.

MRI (magnetic resonance imaging) of the right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with bilateral knee pain that continues to worsen. The current request is for MRI of the right knee without contrast. Prior MRI of the right knee without contrast occurred on 5/14/14. The treating physician states on 2/10/15 (B10) I have finally received a copy of [REDACTED] reports from 9/9/14 and recommendations were to obtain a new MRI for the left knee and a surgical consultation. AME report from 2/18/14 states (C32), Repeat MRI studies may be necessary as well as injections and the possibility of arthroscopic surgery. MTUS guidelines do not address repeat MRI scans. ODG states that MRI scans are recommended for soft tissue injuries. In regard to repeat MRIs ODG states, Repeat MRIs are recommended if need to assess knee cartilage repair tissue. Repeat MRIs: Post surgical if need to assess knee cartilage repair tissue. In this case the treating physician has documented continued pain that has not improved. Currently the patient is not trying any other

therapies for pain relief. There is no documentation that the patient has exhausted conservative treatments, no surgery has been performed and there is no documentation of any significant change in symptoms or injuries to suggest significant pathology. Recommendation is for denial. Therefore the request is not medically necessary.