

Case Number:	CM15-0065463		
Date Assigned:	04/13/2015	Date of Injury:	06/04/2009
Decision Date:	05/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old male who sustained an industrial injury on 6/4/2009. His diagnoses, and/or impressions, include: left shoulder impingement, bursitis, full-thickness rotator cuff tear and posterior labral tearing; right shoulder bursitis and impingement, "SLAP" lesion with cyst formation and partial tear and full-thickness tear of rotator cuff; left knee chondromalacia patella and synovitis; right knee chondromalacia patella; bilateral knee degenerative joint disease; and left wrist "CMC" arthritis - status-post traumatic injury on 1/20/2010. The patient is noted to have a history of prostate cancer. A recent magnetic resonance imaging study of the right and the left shoulders was stated to have been done on 4/29/2014; no other current magnetic resonance imaging studies are noted to have been done on the bilateral knees. His treatments have included a qualified medical examination; diagnostic imaging and laboratories; and medication management. The history notes a previous work injury in 2002 with persistent general orthopedic complaints that include the left shoulder, left wrist and left knee. The progress notes of 1/13/2015 noted complaints that included bilateral knee pain. The right knee pain is 7/10 and left knee pain 7/10. The left knee is noted to be worse than the right especially with bending. The right and left knee exam reveal no instability with manipulation or weight bearing. There was a positive patella grind bilaterally. The patient feels his left knee locks and is unsteady. The request is for updated bilateral knee MRI studies, which the provider states are outdated from an interventional standpoint and the patient's pain is worse. He also requests Orthovisc injections. Per documentation patient's prior left knee, MRI revealed medial femoral condyle chondral thinning. The physician's requests for treatments, on 1/13/2015 and 2/4/2015, included

a magnetic resonance imaging study of the bilateral knees. No progress notes provided noted a request for a magnetic imaging study of just the left knee. A 2/26/15 progress note states that the patient has bilateral knee pain. There is decreased right lower extremity sensation in L4-5 and weakness in right greater than left ankle dorsiflexion, extensor hallucis longus and ankle plantar flexion muscles. There is no specific knee exam documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Knee: Upheld

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 and 347. Decision based on Non-MTUS Citation ODG-MRIs (magnetic resonance imaging).

Decision rationale: MRI (magnetic resonance imaging) left knee is not medically necessary per the MTUS Guidelines and the ODG. The ACOEM MTUS states that special studies are not indicated for most complaints until after a period of observation. The ACOEM MTUS Guidelines state that an MRI of the knee can be ordered if there are collateral ligament tears or ACL tears suspected. The ODG indications for an MRI (magnetic resonance imaging) include acute trauma to the knee, non-traumatic knee pain with patellofemoral (anterior) symptoms, if additional imaging is necessary, and if internal derangement is suspected; non-traumatic knee pain, if the anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) and if additional studies are indicated, and if internal derangement is suspected. Repeat MRIs are needed only 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 documentation indicates a history of prostate cancer but the documentation does indicate that the patient is being followed by oncology. There is no indication that imaging is being ordered for the prostate cancer history. It is unclear why the patient would not have updated radiographs ordered prior to considering an MRI. The documentation indicates that the patient has had prior MRIs of the knee. There are no red flag findings in the documentation of the knee exam that would necessitate repeat MRIs. The request for left knee MRI is not medically necessary.