

Case Number:	CM15-0075293		
Date Assigned:	04/27/2015	Date of Injury:	01/23/2006
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 23, 2006. In a Utilization Review report dated March 28, 2015, the claims administrator failed to approve a request for Biomet Signature knee MRI imaging. The claims administrator referenced a RFA form received on March 19, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator suggested that the request represented a request for knee MRI imaging prior to a planned total knee arthroplasty procedure. In a progress note dated March 12, 2015, the applicant reported ongoing complaints of neck, mid back, low back, knee, and ankle pain. Permanent work restrictions, Oxycodone, Zohydro, and Ambien were endorsed. The applicant was not working with permanent limitations in place; it was reported in one section of the note. On February 11, 2015, the applicant again received refills of Oxycontin and Oxycodone. Diagnostic medial branch blocks were proposed. Ongoing complaints of neck pain were evident. In an RFA form dated March 18, 2015, a total knee arthroplasty, preoperative labs, EKG testing, labs, Celebrex, transportation, and Biomet Signature MRI in question were proposed. In a letter dated March 18, 2015, the claims administrator challenged the attending provider's selection of Zohydro in favor of other opioids. In a March 10, 2015 progress note, the applicant was described as having advanced knee arthritis with associated severe, debilitating left knee pain. The applicant was wearing a knee sleeve. The applicant was asked to pursue a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biomet Signature MRI of left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic), Signature System.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee.

Decision rationale: No, the request for Biomet Signature MRI imaging was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of knee MRI imaging for knee arthritis, the operating diagnosis present here. However, the Third Edition ACOEM Guidelines Knee Chapter notes that MRI imaging is "not recommended" in the routine evaluation of applicants with chronic knee joint pathology such as the degenerative joint disease present here. Here, the applicant had an established diagnosis of knee degenerative joint disease, radio graphically severe, it was noted on March 10, 2015. The applicant had already undertaken a decision to pursue a total knee arthroplasty based on the outcome of the same. ODG's Knee Chapter Custom Fit Total Knee Replacement topic notes that the usage of MRI imaging to guide placement of total knee replacement components is "under study." Here, little-to-no narrative commentary accompanied the March 18, 2015 RFA form. The attending provider's documentation did not include much in the way of narrative commentary, which would offset the seemingly unfavorable ACOEM and ODG positions on the article at issue. Therefore, the request was not medically necessary.