MAXIMUS Federal Services

Case Number:	CM15-0078426		
Date Assigned:	04/29/2015	Date of Injury:	05/24/2014
Decision Date:	05/28/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 48 year old female, who sustained an industrial injury, May 24, 2014. The injured worker previously received the following treatments physical therapy, status post arthroscopic right knee surgery, daily ice massage and home exercise program. The injured worker was diagnosed with right knee partial medial meniscectomy and chondroplasty, derangement of the posterior horn of medial meniscus right osteoarthritis right knee, status post medial meniscectomy chondroplasty and plica excision. According to progress note of February 2, 2015, the injured workers chief complaint was right knee pain. The injured worker was making slow process with range of motion. The progress was being complicated by back pain and left knee pain. The injured worker requires the assistance of the crutch for ambulation. The physical exam of the right knee was without effusion. The range of motion was 2-105 degrees. The varus and varus stress were stable. The treatment plan included left knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging left knee is medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero posterior and lateral radiographs are nondiagnostic. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnosis is derangement posterior horn medial meniscus left knee. The date of injury is May 24, 2014. The injured worker received six visits of physical therapy to the right and left knee immediately following the injury. On October 6, 2014, the injured worker underwent a right knee meniscectomy and chondroplasty. The injured worker received postoperative physical therapy to the right knee only. There was no documentation of left knee physical therapy in the postoperative period. According to a March 16, 2015 progress note (initial evaluation of left knee), the VAS pain score was 10/10. Objectively, there is no effusion and range of motion was 0 to 120. There was medial joint line tenderness and a positive McMurray sign. Based on the documentation in the medical record consisting of a short course of physical therapy to the left knee prior to surgery on the right knee, persistent pain in the left knee since the date of injury, subjective and objective findings consistent with internal arrangement of the left knee (noted on March 16, 2015), an MRI of the left knee is medically necessary.