

Case Number:	CM15-0096964		
Date Assigned:	05/27/2015	Date of Injury:	12/31/2005
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 12/31/05. He has reported initial complaints of bilateral knee and groin pain after carrying a 50 gallon water bottle up a flight of stairs. The diagnoses have included tear of the medial meniscus cartilage of the knee and inguinal hernia. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections and physical therapy. Currently, as per the physician progress note dated 4/20/15, the injured worker complains of ongoing and worsening left knee pain which he rates 10/10 on the pain scale. It is noted that the injured worker has not been seen since being released 2 years ago on April 15, 2013. The physician notes that the X-rays of the left knee show that the knee is essentially normal with some patellofemoral joint space narrowing. The injured worker reports some left groin pain and therefore, the physician noted that he obtained x-rays of the pelvis to look at the hips. However, the physician notes that the x-rays of both hips appear normal. The physical exam of the left knee reveals pain in the infrapatellar region, as well as in the medial joint line. He complains of a popping sensation in the knee and notes that it gives out two to three times a week. The physician noted that he previously did physical therapy and took oral medications which failed. He has had two previous arthroscopies, neither of which was beneficial. He continues to complain of pain 10/10 on pain scale in the left knee and the pain is too much to work with. There was no diagnostic reports noted in the records and the current medications were not listed. The physician requested treatment included Repeat Magnetic Resonance Imaging (MRI) of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in December 2005. Do you included two left knee arthroscopic surgery without apparent benefit. When seen, symptoms included a popping sensation and the knee giving out 2-3 times per week. He was having ongoing and worsening left knee pain rated at 10/10. Imaging results were reviewed with x-rays of the hips and left knee without explanation for his symptoms. Physical examination findings included joint line tenderness. Guideline address the role of a repeat MRI scan of the knee after surgery which is recommended if there is a need to assess a knee cartilage repair. In this case, there are no physical examination findings such as positive McMurray's testing or complaints such as catching or locking that would support the need to obtain a repeat MRI at this time. Therefore, the requested repeat MRI of the knee is not medically necessary.