

Case Number:	CM14-0145686		
Date Assigned:	09/12/2014	Date of Injury:	08/28/2009
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old male sustained an industrial injury on 8/20/09. Injury occurred when a forklift ran over his left foot resulting in a fall. There were complaints of back, left knee and leg pain. Past medical history was positive for a history of hypertension with left atrial enlargement, left ventricular hypertrophy and atrial fibrillation. Left knee MRI was positive for internal derangement. Records indicated that the patient failed non-operative treatment. The injured worker underwent left knee arthroscopy in July 2014. There were complaints of left leg swelling as of August 12, 2014. An ultrasound study was reportedly negative for deep vein thrombosis. Exam findings were noted to be relatively unremarkable, including a normal sinus rhythm and blood pressure of 140/90. The 8/21/14 treating physician report documented persistent knee and back pain that radiated to the leg. There was normal knee range of motion with mild pain and diffuse swelling including leg. The utilization review denied the request for left knee MRI due to the lack of any significant musculoskeletal or neurologic deficit that would warrant imaging.

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: 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): 341-343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (Magnetic Resonance Imaging).

Decision rationale: The California MTUS guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The Official Disability Guidelines support post-surgical repeat MRI if needed to assess knee cartilage repair tissue. Guideline criteria have not been met. There is no current evidence to support the medical necessity of repeat post-surgical imaging in the absence of clinical evidence of significant tissue insult. Therefore, this request is not medically necessary.