

Case Number:	CM14-0149437		
Date Assigned:	09/18/2014	Date of Injury:	10/16/2011
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 57-year-old female who reported an injury on 10/16/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of left knee osteoarthritis. Past medical treatment consists of exercise and non-steroidal anti-inflammatory drug (NSAID) therapy. The injured worker underwent x-rays of the knee which revealed abnormal signs positive for osteoarthritis. On 08/19/2014, the injured worker complained of left knee pain. Physical examination noted that the injured worker was positive for tenderness at the medial and lateral joint line. Effusion grade was +1. Range of motion was 0 to 130 degrees with moderate pain. Motor strength was 4/5. Sensory was intact. The treatment plan is for the injured worker to undergo a repeat left knee MRI without contrast. The rationale was not submitted for review. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left knee MRI without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI

Decision rationale: The request for a repeat left knee MRI without Contrast is not medically necessary. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is unequivocal objective findings that identify specific disorders when soft tissue yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging. Magnetic resonance imaging may be helpful to clarify diagnoses, such as osteochondritis dissecans in cases of delayed recovery. Official Disability Guidelines state that MRI is being used to with increasing frequency and seem to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. Most studies suggest that many of the pre referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist is not necessary. MRIs should be reserved for a significant change in symptoms and/or findings suggesting of significant pathology. Given the above, the injured worker is not within the California MTUS/ACOEM or within Official Disability Guidelines recommendations. The submitted documentation provided 08/19/2014 lacked any quantified evidence of neurological dysfunctions, range of motion, or motor strength deficits that the injured worker might have had. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. There was no documentation that the injured worker had any sensory loss to light touch or pinprick. Furthermore, it was indicated that the injured worker had already undergone an MRI of the left knee; it is unclear the rationale for why the provider is requesting an additional MRI. As such, there is no medical necessity for a repeat MRI. Therefore, the request is not medically necessary.