MAXIMUS Federal Services

Case Number:	CM14-0153540		
Date Assigned:	09/23/2014	Date of Injury:	11/08/2006
Decision Date:	11/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old male who was injured on 11/8/2006. He was diagnosed with right knee sprain/strain, internal derangement of the right knee, lumbar pain with lumbar disc degeneration. His right knee was treated with physical therapy, medications, viscosupplementation, and bracing. On 11/13/13, an MRI of the right knee showed prior partial meniscectomy of the medial meniscus (consistent with his surgical history of the right knee. It also revealed an oblique tear of the posterior horn, focal chondral defect of medial femoral condyle with marrow edema, chrondromalacia, degeneration of lateral meniscus, and joint effusion. He was recommended right knee replacement at the time of the MRI study in 11/2013, but did not undergo the surgery. On 8/5/14, the worker was seen by an orthopedic surgeon for an initial evaluation complaining of right knee pain rated at 8/10 on the pain scale (unchanged) as well as low back pain. Physical examination of the right knee revealed tenderness of the lateral chondyle on the right with normal range of motion. He was then recommended a right knee MRI and to continue conservative treatments until he is able to undergo total knee replacement, which the surgeon recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Contrast, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was already a recent MRI of the right knee performed less than one year previous to request. No evidence from the notes available for review suggested that the worker's symptoms or objective physical findings indicated a significant change that might warrant a repeat MRI of the right knee. Therefore, the MRI is not medically necessary.