

Case Number:	CM13-0000742		
Date Assigned:	12/11/2013	Date of Injury:	03/18/2013
Decision Date:	01/22/2014	UR Denial Date:	05/28/2013
Priority:	Standard	Application Received:	06/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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:

Clinical records for review in this case indicate an injury to the right knee. Clinical imaging for review includes 08/19/13 MR arthrogram of the right knee that states moderate truncation of the inner edge of the medial meniscal body compatible with prior meniscectomy and/or chronic posttraumatic fraying with a mild to moderate myxoid degenerative signal to the medial meniscus without discrete full thickness recurrent meniscal tearing noted. There is also moderate degenerative arthrosis of the medial compartment of the knee. An orthopedic assessment for review of 08/27/13 stated continued complaints of pain about the right knee. It states that he was with prior history of right knee surgery in June of 2011 in the form of meniscectomy. It states in March of this year he was bent down picking up a case of water when he felt an acute pop in the right knee. Physical examination findings at that time showed full range of motion to the lower extremities with absence reflexes and evaluation of the right knee with tenderness over the medial joint line and patella with an effusion, negative McMurray's testing, positive crepitation, and no medial or lateral laxity. In question is the need for a lower extremity MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (EG, Proton), any joint of Lower Extremity w/out contrast material: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure.

Decision rationale: California MTUS Guidelines indicate that MRI and arthrography are diagnostic for meniscus tears and Official Disability Guidelines support this as well. In this case, the claimant was with prior history of surgical meniscectomy. He sustained an acute injury nearly two years following his initial surgical procedure. His examination was consistent with mechanical findings. The role of the MRA for diagnostic purposes given his prior history of surgical intervention and additional injury to the knee would be considered as medically necessary.