MAXIMUS Federal Services

Case Number:	CM13-0016869		
Date Assigned:	11/06/2013	Date of Injury:	03/16/2011
Decision Date:	01/16/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty certificate in Pain Management, 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:

This is a female patient with the date of injury of March 16, 2011. A utilization review determination dated August 9, 2013 recommends non-certification of MR arthrogram of the right knee. Non-certification was recommended due to, "it is noted that a prior MRI study already noted a parameniscal body cyst at the meniscocapsular junction of the lateral meniscus. Objective evidence to show that there was a significant progression in the patient's complaints and objective examination findings were not presented to necessitate the requested study. In addition, failure of recent and adequate conservative care rendered was not established. A contemplated procedure that might be indicated as a result of the study requested was not mentioned." A progress report dated August 28, 2013 identifies subjective complaints, stating, "The patient states that when she walks a lot, her knees hurt. The patient states that she cannot walk long distances without pain. At night, she feels a throbbing pain in both her knees that does not allow her to sleep. She feels a weakness in her right knee as well. The patient states she has difficulty getting up from a sitting position." The note goes on to state, "We had requested authorization for the patient to begin physical therapy. We are awaiting that authorization." Physical examination identifies, "Right knee: well-healed arthroscopic portal holes about the right knee. Effusion is noted about the knee. LCL is tender to palpation. Left knee: joint line is tender to palpation. McMurray's is positive. MCL is tender to palpation." Impression states, "Right knee internal derangement status post arthroscopic repair, and left knee sprain." Treatment plan states, "We are awaiting authorization for the patient to begin physical therapy. The patient is to continue taking medication as before. A refill was provided to the patient today. The patient is to follow up with Dr. [redacted]

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's, MR Arthrography; and on the Official Disability Guidelines: Minnesota

Decision rationale: Regarding the request for MR arthrography, Occupational Medicine Practice Guidelines state that MRI is superior to arthrography for both diagnosis and safety reasons. ODG states that MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. ODG Minnesota states that repeat imaging of the same view of the same body part with the same imaging modality is not indicated except to diagnose a change in the patient's condition marked by new or altered physical findings or to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study. Within the documentation available for review, it appears the surgeon would like repeat imaging to reevaluate the patient's right knee. However, it is unclear whether the patient has failed conservative treatment in relation to the current right knee complaints prior to this request for repeat imaging. In fact, it appears the primary treating physician is actively requesting additional physical therapy to address this issue. The surgeon has indicated that the patient was doing better with physical therapy, and since physical therapy has stopped, the patient has regressed to some degree. It is unclear whether the patient is doing a sufficiently aggressive independent exercise program to maintain any improvement which was gained with the physical therapy. Additionally, the requesting physician has not identified what medical decision-making will be based upon the outcome of the currently requested MR arthrography. Finally, there is no identification of any change in objective examination findings, for which repeat imaging would be indicated. In the absence of clarity regarding those issues, the currently requested repeat MR arthrogram is not medically necessary.