

Case Number:	CM13-0019661		
Date Assigned:	12/11/2013	Date of Injury:	09/24/2012
Decision Date:	03/12/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 in Interventional Spine 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:

The patient is a 35-year-old female with date of injury on 09/24/2012. The progress report dated 08/14/2013 by [REDACTED] indicates that the patient's diagnoses include lumbar spine sprain/strain, left knee sprain/strain, right knee sprain/strain and right ankle sprain/strain. The patient had recently completed 4 sessions of physical therapy and continues with persistent right knee pain. She is using a cane to ambulate. The exam findings indicate an antalgic gait due to favoring the right knee. There is decreased range of motion to the right knee as well as swelling to the right knee. A MR arthrogram is requested for the right knee. The utilization review letter dated 08/27/2013 issued non-certification of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines, Knee, MR Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Arthrography for the Knee.

Decision rationale: The patient continues with persistent right knee pain status post 4 sessions of physical therapy. A request was made for an MR arthrogram on 08/14/2013. The records indicate that the patient has had three MRIs of the right knee over the last year. The MRI dated 03/29/2013 indicated a motion artifact and body coil due to large body habitus causing image degradation, suggestion of small avulsion fracture at the inferior pole of the patella and possible fracture of the medial aspect of the patella. There was recommendation for further evaluation with the knee radiographs including the sunrise view or CT. There was also report of moderate lateral patellar subluxation. Another MRI of right knee is from 1/24/13 showing minimal joint effusion, patchy area of bright signal in femur, but no internal derangement. Another MRI is from 2012 that showed osteochondral defect, mild osteoarthritis and laterally subluxed patella. The ACOEM Guidelines page 341 on the table 13-5 gives a 3+/4+ for arthrography to evaluate meniscus tear. The ODG Guidelines were also reviewed regarding MR arthrogram which states that they are 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%. The progress report dated 06/05/2013 by [REDACTED] appears to indicate there was recommendation for physical therapy to be completed with further observation and then a possible arthrogram to the right knee depending on results of physical therapy. Despite 3 MRI's, the provider has asked for another one, this time with a contrast. MRI with contrast is recommended for post-operative situations per ODG guidelines. It does appear to be superior in detecting meniscal tears but in this patient, there has been 3 MRI's and the patient is not post-op. The recommendation is for denial.